Member Welcome Kit Sample

#2 Your Getting Started Guide

#3 Your Plan Documents and Helpful Forms

Insured: New Enrollment

State Sample: NJ (Renew Active)

Sample Plan Start Date: 09/01/23

Payment: EFT for Sample AARP® Medicare Supplement Plan G, insured by UnitedHealthcare Insurance Company (UnitedHealthcare)

Sample Prepared: 11/1/23

This sample is designed to illustrate the “#2 Your Getting Started Guide” and "#3 Your Plan Documents and Helpful Forms".

The full welcome package includes...

- #1 Your Health Insurance ID Card (ID Card and letter within envelope)
- #2 Your Getting Started Guide (single preprinted version)
- #3 Your Plan Documents and Helpful Forms
- Standalone checklist, outside envelope, and payment BRE files.

2

Your Getting Started Guide

SAMPLE

(<First_Name>), here is some key information to help you get the most out of your AARP® Medicare Supplement Plan from UnitedHealthcare

PREPARED FOR YOU ON:

(<October 1, 2023>)

AARP® | Medicare Supplement from UnitedHealthcare®

LA27473

Welcome to your new plan

Let's get started

Congratulations on choosing your AARP Medicare Supplement Plan. You can feel confident that you can see **any doctor or specialist who accepts Medicare**, and you'll **be protected against surprise out-of-pocket costs.**

This guide was created to help you get started using your plan and take charge of your health care journey. Take a moment to review each section, and when you're done, you'll be ready to get the most out of your plan.

SAMPLE

Questions? UnitedHealthcare is here to help support you.

Your Plan Website

myAARPMedicare.com

Sign up to view your plan documents, view and make online premium payments, track claims, chat live with UnitedHealthcare Customer Service, and more.

UnitedHealthcare Customer Service

Call 1-800-523-5800, TTY 711

Monday – Friday, 7 a.m. – 11 p.m., ET
and Saturday, 9 a.m. – 5 p.m., ET.

Para español: **1-800-822-0246**.

LA27474

[<FIRST_NAME>],
Get on your way to using your plan

Getting started is easy. The following three sections walk you through ways you can take advantage of the value of your <PLAN_DESC> <PLAN_CD>—today and for years to come.

YOU ARE HERE

SECTION 1
Do these right away

Review your plan information
Page 2

Check and pay your first month's premium
Page 2

Set up your online account
Page 3

SECTION 2
Using your plan

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Getting the most out of being an insured member

Take charge of your health care with wellness extras, discounts, and more
Page 8

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Page 12

Review and file *Your Plan Documents and Helpful Forms* booklet
Page 13

SAMPLE

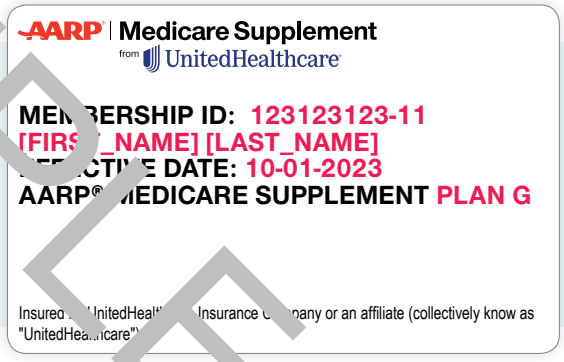
SECTION 1

Do these right away

Review your health insurance identification card

First, let's take a look at your new plan ID card, sent with your welcome package. Your card includes your membership ID, your plan start date, and your plan name and code that identify your coverage. Don't forget to take a photo of the front and back of your card with your smartphone so you always have it handy.

Please note: If the start date or plan shown on your card is not what you expected, please contact UnitedHealthcare Customer Service as soon as possible at **1-800-523-5800.**



SAMPLE

Check and pay your first month's premium

Next, if you haven't already done so, be sure to make your first month's premium payment. You can pay by monthly paper coupon, recurring Electronic Funds Transfer (EFT), online at myAARPMedicare.com, or by phone.

To check and pay your first month's premium payment, review page 5 of *Your Plan Documents and Helpful Forms* booklet.

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Also, now is a good time to sign up for EFT. EFT is a hassle-free way to pay your premiums that can save you time, worry, and stamps. It can even save you money through the EFT discount. To sign up, see the form provided in ***Your Plan Documents and Helpful Forms*** booklet for ways to enroll.

Set up your online account

While setting up an online account isn't required, it gives you access to many resources to help you take advantage of your new plan.

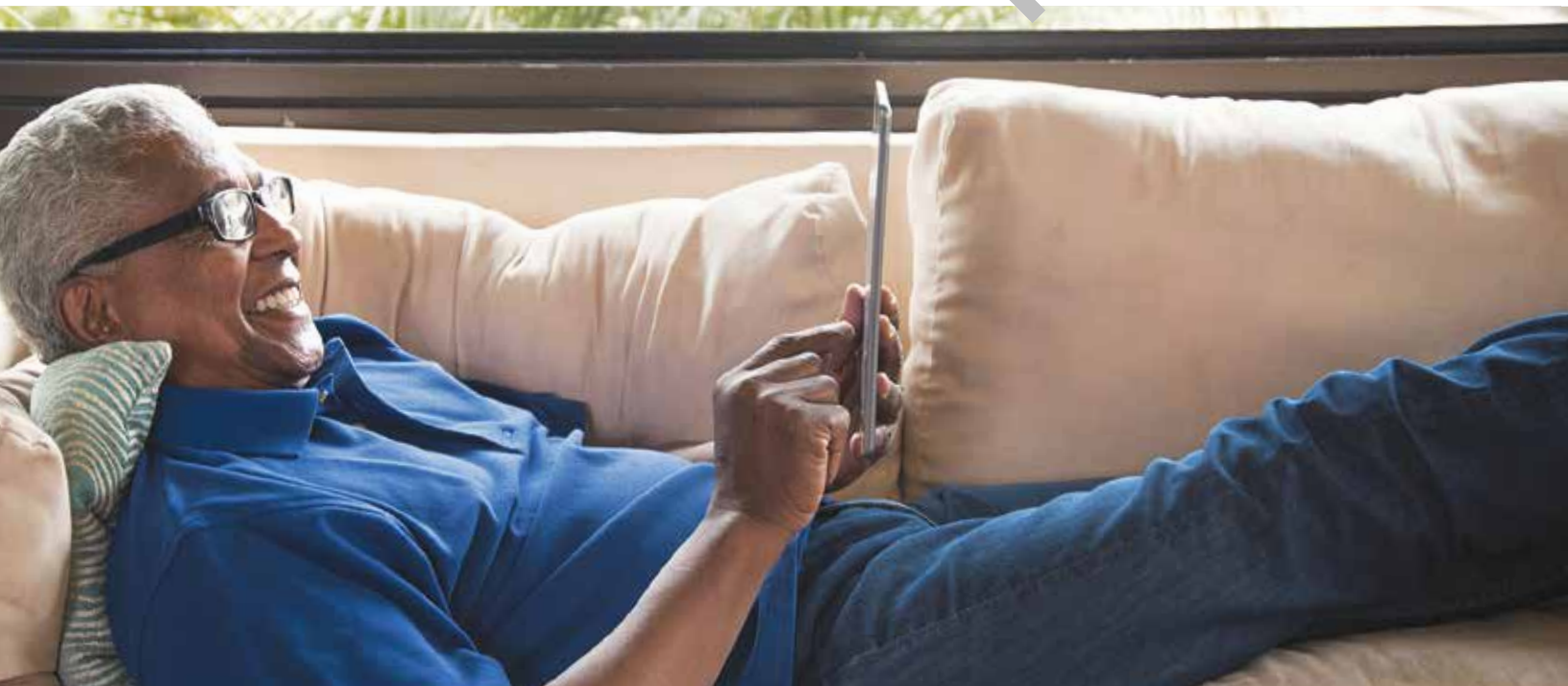
To register, simply go to mvAARPMedicare.com and click **"Register Now."** All you need is your Membership ID number (exactly as it appears on your health insurance ID card), date of birth, and ZIP Code.

You can also download the **UHC app** for easy access to your plan details, benefits and more, right from your smartphone. Available for free in the Apple App Store and Google Play Store.

Once you register online, you can:

- Find and track claims
- View and manage payments
- Find doctors or specialists who accept Original Medicare
- See your plan's benefits
- Reduce mail with online document delivery (Go to "Account Settings")
- Learn about and activate your wellness extras and discounts available
- ...and more

SAMPLE



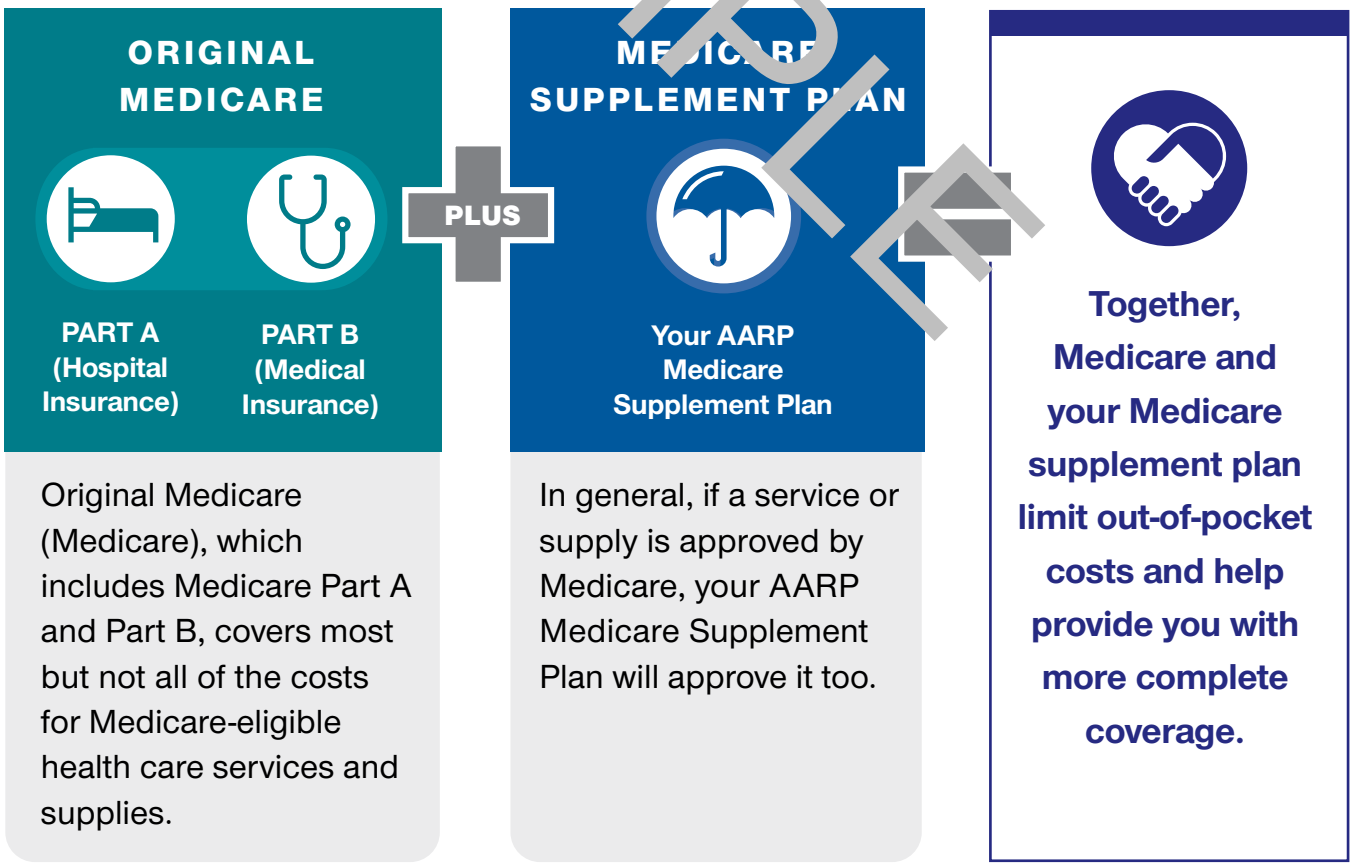
SECTION 2

Using your plan

How your Medicare supplement plan works with Medicare

When using your AARP® Medicare Supplement Plan G, it's important to understand how it works. Below is a quick overview. On the next page, you'll see key information about the specific plan you selected.

Your Medicare supplement plan helps cover Medicare-eligible out-of-pocket costs not covered by Medicare.



Original Medicare (Medicare), which includes Medicare Part A and Part B, covers most but not all of the costs for Medicare-eligible health care services and supplies.

In general, if a service or supply is approved by Medicare, your AARP Medicare Supplement Plan will approve it too.

SAMPLE

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An overview of Medicare Supplement Plan G

Your AARP Medicare Supplement Plan G works together with Original Medicare to help limit your out-of-pocket costs for Medicare-approved expenses from any provider that accepts Medicare.

With Plan G, your **maximum out-of-pocket costs for Medicare-approved expenses per calendar year** include:

- **Part B deductible** ($226 in 2023*)

SAMPLE

If you need health care in the U.S., this is what you can expect with Plan G:

For Hospitalizations and Inpatient Care

$0 out-of-pocket costs for Medicare-approved Part A expenses because your plan covers your Part A deductible ($1,600 in 2023*) and coinsurance.

For Doctor Visits and Outpatient Care

A maximum of $226 out-of-pocket costs for Medicare-approved Part B expenses in 2023*. First, you will be billed for expenses that fall under Medicare Part B until you meet the Part B deductible ($226 in 2023*). Then, you will have $0 out-of-pocket costs for Medicare-approved Part B expenses for the rest of the year since Plan G covers those charges as well as provider excess charges.

For the full explanation of your coverage, see your *Certificate of Insurance* and *Outline of Coverage* in ***Your Plan Documents and Helpful Forms*** booklet**.**

SA26043

*These are the 2023 amounts set by the Centers for Medicare & Medicaid Services (CMS). For the most current amounts, visit Medicare.gov.

Making medical appointments: Two simple steps

To set up your medical appointments, you only need to do two simple things:

1. When you call to set up an appointment, ask your provider if they accept "Original Medicare." If they do, then you're good to go.

2. Take both your Medicare card and your plan ID card, included in this package, to your appointment.

If you want to understand if a procedure, supply, or service is covered by Original Medicare and your Medicare supplement plan, talk to your health care provider. You can also visit Medicare.gov/coverage for more information.

It is also good to know that Medicare Part B covers a number of preventive care appointments and services, including diabetes screenings, mammograms, flu shots, and more. To view the full list, visit Medicare.gov/coverage/preventive-screening-services.

SAMPLE



How billing and payment work after you visit a provider

UnitedHealthcare works with Medicare to automatically process claims, so in most cases, you don't have the worry or hassle of filing claims.

1



You receive care

When you need health care, you can choose any doctor or specialist who accepts Medicare. After your appointment, your health care provider(s) will submit a claim to request payment—to Medicare first, then to UnitedHealthcare.

2



Medicare

Once annual deductibles are met, Medicare pays its share of the cost first, as this is your primary insurance. Medicare typically covers eligible inpatient hospital stays and 80% of Medicare-eligible Part B costs.

3



Your Medicare supplement plan

After Medicare pays its portion of approved costs, UnitedHealthcare will then pay your provider based on benefits provided under your AARP Medicare Supplement Plan G.

4



EOBs from Medicare and UnitedHealthcare

You will receive periodic Explanations of Benefits (EOBs) from *both* Medicare and UnitedHealthcare detailing the services you received, how payment decisions were considered, and any payments you owe. If you owe anything further, you will receive a bill from your provider, and you should pay your provider directly.

SAMPLE

Again, for the full explanation of your coverage, see your *Certificate of Insurance* and *Outline of Coverage* in ***Your Plan Documents and Helpful Forms*** booklet.

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SECTION 3

Getting the most out of being an insured member

Take charge of your health with gym membership, nurse support, discounts, and more.

Your AARP Medicare Supplement Plan is here to support your health and wellness. **As an insured member, you can access wellness extras that can help improve your health care journey.** Check out these services and discounts that your plan gives you access to at no additional cost:



Renew Active® by UnitedHealthcare®

A fitness plan that comes along with your insurance plan. You'll have access to an extensive network of gyms and fitness locations, thousands of on-demand workout videos, livestreaming fitness classes, and social activities at local health and wellness events.



Fitbit Premium™

Access to workout videos for all fitness levels in the Fitbit mobile app, including yoga, weight training, low impact, and more. You do not need a Fitbit device to participate.



AARP® Staying Sharp®

An online brain health program, including a brain health assessment, exclusive articles, brain exercises, activities, recipes, and brain games.

How to get started: At **myAARPMedicare.com** you will also find next steps on how to use these services. For Renew Active by UnitedHealthcare, Fitbit Premium, and AARP Staying Sharp, **you'll need a confirmation code** to access these extras. To get your confirmation code, log in to **myAARPMedicare.com** and click on the Health and Wellness tab. You'll find your confirmation code in the upper right-hand side of the Health and Wellness page.

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Continued on next page ▶

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24/7 Nurse line

Access to registered nurses who are available to discuss your concerns and answer questions over the phone anytime, day or night. Nurses are also available to help guide you to community resources, such as transportation services, understanding medication cost options, and availability of meal delivery services. Interpretation services are available in Spanish, as well as in 140+ languages.

How to get started: You can call the 24/7 Nurse line at **1-888-543-5630.**

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Dental Discount

Receive discounts for dental services from in-network dentists through Dentegra. In-network discounts generally average 30% to 40%* off of contracted rates nationally for a range of dental services, including cleanings, exams, fillings and crowns. Get access to 30,000 in-network general dentists and specialists at 90,000 locations nationwide. No waiting periods, deductibles, or annual maximums. **The Dentegra dental discount is not insurance.**

SAMPLE

How to get started: Visit the provider lookup at **dentegra.com/uhc** or call UnitedHealthcare Customer Service at **1-800-523-5800** for help with locating a Dentegra in-network provider. You will need to provide your plan ID card as proof that you are eligible for the discount. Before your dental visit, please inform your provider that you are part of the Dentegra Dental Discount and your program number is: 20995-0001. Your dental office can look up discounts using this program number.

SA25878A

Vision Discount

Save on eyewear purchases and routine eye exams, including $50 eye exams at participating providers.† At LensCrafters, take an additional $50 off the AARP® Vision Discount or best in-store offer on no-line progressive lenses with frame purchase (use discount coupon code: 755453).‡

How to get started: Simply show your plan ID card to begin saving today! Visit any participating LensCrafters® or Target Optical® locations, Glasses.com, or a participating eye doctor. To find a participating provider near you, call EyeMed at **1-800-872-2295** or use the EyeMed Provider Search at **eyedoclocator.eyemedvisioncare.com/aarpds.**

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Continued on next page ▶

Hearing Discount

Hear better, save more with exclusive pricing on a wide selection of hearing aids and accessories. AARP® Hearing Solutions™ provided by UnitedHealthcare Hearing includes:

- An additional $100 off the AARP member rate on thousands of name-brand hearing aids, plus a 15% discount on hearing aid accessories.
- No-cost hearing test and personalized support from UnitedHealthcare Hearing's network of experienced hearing providers near you.
- A money-back guarantee and 4-year extended warranty to help ensure the best listening experience.

How to get started: Visit **AARPHearingSolutions.com** or call UnitedHealthcare Hearing at **1-877-449-6784.**

SA26086A

Driver Safety

Refresh your driving skills with the AARP® Smart Driver™ course. The course helps participants brush up on rules of the road and reduce driver distractions. The course is available online or in person, and is offered at no additional cost to AARP Medicare Supplement Plan holders.§ When you take the AARP Smart Driver course, you could be eligible for a discount on your auto insurance.

How to get started: To find a classroom and register, visit **aarp.org/freecourse** or call AARP® Driver Safety at **1-877-805-1288.**

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SAMPLE

See "Service Terms and Disclaimers" at the end of Section 1 of *Your Plan Documents and Helpful Forms* booklet for details, limitations, and conditions.

These offers are only available to insured members covered under an AARP Medicare Supplement Plan from UnitedHealthcare Insurance Company and also available to North Dakota certificate holders under UnitedHealthcare Insurance Company of America. 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. 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.

* Dentegra Fee Schedules vs. Fair Health Mean Data.

† Offer valid 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.

‡ Present offer to receive a bonus $50 off in addition to your AARP Vision Discount of 50% off lenses or best in-store offer when you purchase a frame and progressive lenses. Complete pair required. Frame and lens purchase cannot be combined with any other offers, discounts, past purchases, readers or non-prescription sunglasses. Valid doctor's prescription required and the cost of an eye exam is not included. Eyeglasses priced from $218.29 to $2,423.33. Cartier®, Lindberg®, Oakley® Kato, Oliver Peoples, and Maui Jim® frames excluded. Additional frame and lens exclusions and restrictions may apply, see store associate for details. Void where prohibited. Discounts are off tag price. No cash value. Offer expires 12/31/2024. Code 755453.

§ Some facilities charge an administrative fee. When registering, check local course listings for administrative fee information.

¦ Upon completion, you may be eligible to receive an auto insurance discount. Other restrictions may apply. Consult your agent for details.

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What to expect next: There's more to look forward to

UnitedHealthcare will stay in touch with you throughout the year, keeping you up to date on relevant and timely information. Here are some ways you can expect to hear from us:

Welcome Call from a UnitedHealthcare expert

Soon after your coverage is activated, you'll get a welcome call from a UnitedHealthcare Customer Service expert to review your plan and answer any questions you may have.

Health Check-in Health Assessment Survey

UnitedHealthcare wants to assist you in managing your health. That's why we'd like each of our insured members to take a Health Check-in Health Assessment Survey—either through an automated phone call, by mail or online. Your answers can help us develop a personalized wellness plan with programs tailored to better meet your needs.

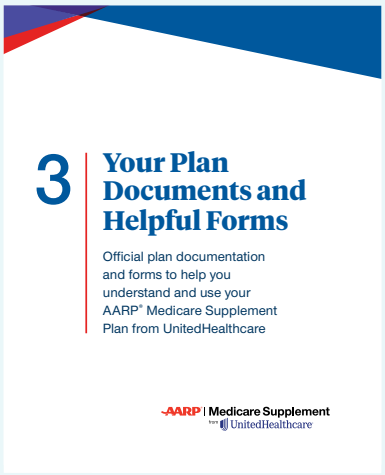
So look for a call in the next few weeks. If we don't reach you by phone, we will mail the survey to you. Or you can take the survey online at myAARPMedicare.com/HealthAssessment.

Communications Throughout the Year

Be on the lookout for other communications from UnitedHealthcare about:

- Information and reminders related to your plan
- Updates on plan tools and resources on **myAARPMedicare.com**
- General health and wellness topics — from recipes and exercise tips to various medical insights

SAMPLE



Review *Your Plan Documents and Helpful Forms* booklet

To learn about your specific plan details, please refer to ***Your Plan Documents and Helpful Forms*** booklet. It contains all of your important documents including your *Certificate of Insurance and Outline of Coverage*, as well as any forms you may want to complete.

Again, welcome to your AARP Medicare Supplement Plan and the UnitedHealthcare family. We're glad to have you as an insured member, and we look forward to supporting you along your health care journey.

SAMPLE

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About this guide

This guide helps you take charge of your health care, move forward with confidence, and get the most out of your plan.

SAMPLE

AARP | Medicare Supplement from UnitedHealthcare

UnitedHealthcare Insurance Company and affiliates pay royalty fees to AARP for the use of intellectual property. These fees are used for the general purposes of AARP. AARP and its affiliates are not insurers. Insured by UnitedHealthcare Insurance Company or an affiliate (collectively "UnitedHealthcare"). Refer to your Certificate of Insurance for your Insurer. For New York Certificate holders: Insured by UnitedHealthcare Insurance Company of New York. For Washington Certificate holders: Insured by UnitedHealthcare Insurance Company.

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3 Your Plan Forms and Documents

Useful forms and official plan documentation to help you understand and use your AARP® Medicare Supplement Plan.

SAMPLE

AARP® | Medicare Supplement from UnitedHealthcare®


SAMPLE

What this booklet includes

This customized booklet contains forms and important documentation related to your chosen AARP® Medicare Supplement Plan from UnitedHealthcare.

Your Plan Details


AARP | Medicare Supplement from UnitedHealthcare

MEMBERSHIP ID: 353448944-11
SAMPLE SAMPLE
EFFECTIVE DATE: 09-01-2023
AARP MEDICARE SUPPLEMENT PLAN G

Insured by UnitedHealthcare Insurance Company or an affiliate (collectively known "UnitedHealthcare").

Before you start using your plan, please review your enclosed plan ID card to make sure all the details are correct.

Name:

Sample J Sample

Membership number:

353448944-11

Plan start date:

September 1, 2023

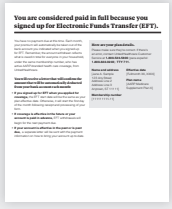
Plan name and code:

AARP® Medicare Supplement Plan G

SAMPLE

Payment Information, Plan Forms, and More

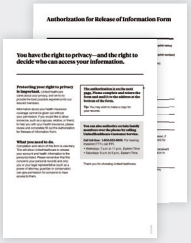
On the following pages, you can find details on your first month's premium payment and forms you may want to complete, as well as terms and conditions or disclaimers you should review:


You are considered paid in full because you signed up for Electronic Funds Transfer (EFT).

Your First Month's Payment

PAGE 5

You are considered paid in full because you signed up for Electronic Funds Transfer (EFT).

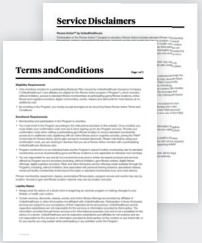

Authorization for Release of Information Form

You have the right to privacy—and the right to decide who can access your information.

Authorize a Representative

PAGE 9

Authorize another person to access your information.


Service Disclaimers

Terms and Conditions

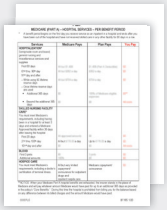
Terms and Conditions and Disclaimers

PAGE 11

Review program details, limitations, and conditions. See ***Your Getting Started Guide*** booklet for program overviews.

Important Plan Information

Within the ***Important Plan Information*** section of this booklet are the following documents that you should review and file.



Outline of Coverage

PAGE 15

Provides an outline of the plan you have selected.



Certificate of Insurance

PAGE 17

The insurance contract between you and UnitedHealthcare.



Your Right to Review

PAGE 35

Explains your right to review the plan and decide if you want...



Notice of Privacy Practices

PAGE 36

Explains how UnitedHealthcare does not treat insureds differently and how your information is used and shared.

Other Information | PAGE 50

Provides other important information related to your plan.

Helpful Resources | PAGE 52

Includes a glossary and additional useful resources.

Make sure to file this packet away so you can refer back to these documents and forms throughout the life of your plan.

SAMPLE

Attention Medicare Part D Insured Members

If you have prescription drug coverage under AARP® MedicareRx from UnitedHealthcare, or if you are thinking about enrolling in AARP MedicareRx, please keep in mind that it is a separate plan from your AARP® Medicare Supplement Plan from UnitedHealthcare. For that reason, you will need to set up the following services separately for each plan:

- Electronic Fund Transfer (EFT)
- Privacy Authorization

Your premium payments are also separate for each plan. If you are a coupon payer, you will need to send separate checks each month. EFT payers will see one withdrawal for AARP MedicareRx plan drug coverage and one withdrawal for AARP Medicare Supplement Plan medical coverage each month.

In addition, if you ever need to update your plan or personal information, such as an address or phone number change, you'll need to update each plan account separately.

To learn more or to enroll in the services listed above for your AARP Medicare Supplement Plan medical coverage, please see Section 1 of this booklet or call UnitedHealthcare Customer Service at **1-800-523-5800** (weekdays from 7 a.m. to 11 p.m., Eastern Time, or Saturday from 9 a.m. to 5 p.m., Eastern Time). You can also register for online access to **myAARPMedicare.com** for more information.

SAMPLE

UnitedHealthcare Insurance Company and affiliates pay royalty fees to AARP for the use of intellectual property. These fees are used for the general purposes of AARP. AARP and its affiliates are not insurers. Insured by UnitedHealthcare Insurance Company or an affiliate (collectively "UnitedHealthcare"). Refer to your Certificate of Insurance for your Insurer. For New York Certificate holders: Insured by UnitedHealthcare Insurance Company of New York. For Washington Certificate holders: Insured by UnitedHealthcare Insurance Company.

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Section 1

Payment Information, Plan Forms, and More

This section includes payment information and helpful forms you may want to take action on or review, as well as any applicable terms and conditions or disclaimers you should review.

SAMPLE

SAMPLE

Coverage begins when UnitedHealthcare receives your first month's payment in full.

Please review the important details below.

You are considered paid in full because you signed up for Electronic Funds Transfer (EFT). You have no payment due at this time. Each month, your premium will automatically be taken out of the bank account you indicated when you signed up for EFT. Remember, the amount withdrawn reflects what is owed in total for everyone in your household, under the same membership number, who has active AARP-branded health care coverage from UnitedHealthcare.

You will receive a letter that will confirm the amount that will be automatically deducted from your bank account each month.

- **If you signed up for EFT when you applied for coverage,** the EFT start date will be the same as your plan effective date. Otherwise, it will start the first day of the month following receipt and processing of your form.
- **If coverage is effective in the future or your account is paid in advance,** EFT withdrawals will begin for the next payment due.
- **If your account is effective in the past or is past due,** a separate letter will be sent with the payment information on how to bring your account up to date.

Here are your plan details.

Please make sure they're correct. If there's an error, contact UnitedHealthcare Customer Service at **1-800-523-5800** (para español: **1-800-822-0246**). **TTY 711**.

Name and address
Sample J Sample
123 Any St
Any Town NJ 07960

Effective date
September 1, 2023

Plan name
AARP Medicare Supplement Plan G

Membership number
353448944-11

SAMPLE


SAMPLE

Sign up to explore myAARPMedicare.com

myAARPMedicare.com is a user-friendly, password-protected website that offers tools and resources for AARP Medicare Supplement Plan insured members. In it, you'll be able to:

- Find claims and track claim progress
- Find physicians
- Find forms
- Print a copy of your health insurance card if yours hasn't arrived or if you've misplaced it
- Find other resources and tips to help you use your plan, stay more active, sharpen your mind, etc.

To register, go to
myAARPMedicare.com

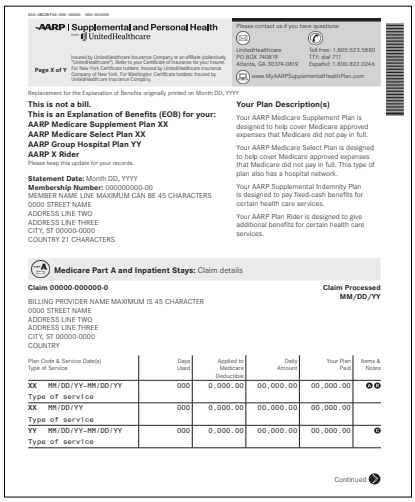
To register, all you need to have:

- Your AARP membership number
- Your date of birth
- Your ZIP Code
- A device such as a laptop, smartphone, or tablet and a connection to the internet



Interested in reducing your mail? Sign up for paperless EOBs.

When you see a doctor or file a claim, you receive mailed communications from UnitedHealthcare, called Explanations of Benefits (EOBs).



AARP | Supplemental and Personal Health
UnitedHealthcare

Page X of Y

Please contact us if you have questions:
UnitedHealthcare
PO BOX 740819
Atlanta, GA 30374-0819
Toll Free: 1.800.523.5880
TTY: dial 711
Español: 1.800.822.0246
www.MyAARPSupplementalHealthPlan.com

Replacement for the Explanation of Benefits originally printed on Month DD, YYYY

This is not a bill.
This is an Explanation of Benefits (EOB) for your:
AARP Medicare Supplement Plan XX
AARP Medicare Select Plan XX
AARP Group Hospital Plan YY
AARP X Rider
Please keep this update for your records.

Statement Date: Month DD, YYYY
Membership Number: 000000000-00
MEMBER NAME LINE MAXIMUM CAN BE 45 CHARACTERS
0000 STREET NAME
ADDRESS LINE TWO
ADDRESS LINE THREE
CITY, ST 00000-0000
COUNTRY 21 CHARACTERS

Your Plan Description(s)
Your AARP Medicare Supplement Plan is designed to help cover Medicare approved expenses that Medicare did not pay in full.
Your AARP Medicare Select Plan is designed to help cover Medicare approved expenses that Medicare did not pay in full. This type of plan also has a hospital network.
Your AARP Supplemental Indemnity Plan is designed to pay fixed-cash benefits for certain health care services.
Your AARP Plan Rider is designed to give additional benefits for certain health care services.

Medicare Part A and Inpatient Stays: Claim details

Claim 00000-000000-0 — **Claim Processed MM/DD/YY**

BILLING PROVIDER NAME MAXIMUM IS 45 CHARACTER
0000 STREET NAME
ADDRESS LINE TWO
ADDRESS LINE THREE
CITY, ST 00000-0000
COUNTRY

Plan Code & Service Date(s) Type of Service	Days Used	Applied to Medicare Deductible	Daily Amount	Your Plan Paid	Items & Notes
XX MM/DD/YY-MM/DD/YY Type of service	000	0,000.00	00,000.00	00,000.00	
XX MM/DD/YY Type of service	000	0,000.00	00,000.00	00,000.00	
YY MM/DD/YY-MM/DD/YY Type of service	000	0,000.00	00,000.00	00,000.00	

Continued

The EOBs detail the benefits and charges related to the services you've received, and alert you to information you need to know. Many of our insured members have chosen to receive these communications electronically, using the **myAARPMedicare.com** website. That way, they get the communication earlier, know where to find it again when they need it, and reduce the amount of paper mail they receive.

To sign up to receive EOBs online instead of by mail, go to myAARPMedicare.com and choose paperless EOBs. You will receive email alerts when communications are placed in your account. Then, you can just log in and read them.

Sign up for paperless EOBs at
myAARPMedicare.com

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You have the right to privacy—and the right to decide who can access your information.

Protecting your right to privacy is important. UnitedHealthcare cares about your privacy, and we try to provide the best possible experience for our insured members.

Information about your health insurance coverage cannot be given out without your permission. If you would like to allow someone, such as a spouse, relative or friend, to help you with your health insurance, please review and completely fill out the Authorization for Release of Information Form.

What you need to do.

Completion and return of this form is voluntary. This will allow UnitedHealthcare to release your account and health information to the person(s) listed. Please remember that this concerns your personal records and only you or your legal representative (such as a power of attorney, guardian or conservator) can give permission for someone to have access to them.

<u>The authorization is on the next page.</u> Please complete and return the form and mail it to the address at the bottom of the form.

Tip: You may wish to make a copy for your records.

You can also authorize certain family members over the phone by calling UnitedHealthcare Customer Service.

Call toll-free: 1-800-523-5800, TTY 711.

- Weekdays: 7 a.m. to 11 p.m., Eastern Time
- Saturday: 9 a.m. to 5 p.m., Eastern Time

Thank you for choosing UnitedHealthcare.

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PLEASE TEAR ALONG PERFORATION

Authorization for Release of Information Form

Insured Member Name Sample J Sample **(Please print name)**

AARP Membership Number 353448944-11 **(Please print number)**

I hereby authorize UnitedHealthcare Insurance Company, and affiliates (UnitedHealthcare):

- to disclose my account and health information to the person(s) listed below, and/or
- to allow limited transactions, by the person(s) listed below, on my account for my AARP®-branded Supplemental or Personal Health Insurance Plan.

I understand that this authorization is voluntary.

Please print the name(s) of the individual(s) you are authorizing.

NAME	RELATIONSHIP	PHONE NUMBER

I understand this authorization will be valid until I notify UnitedHealthcare in writing. However, if I do stop this authorization, it will not have any effect on any information released previously by UnitedHealthcare.

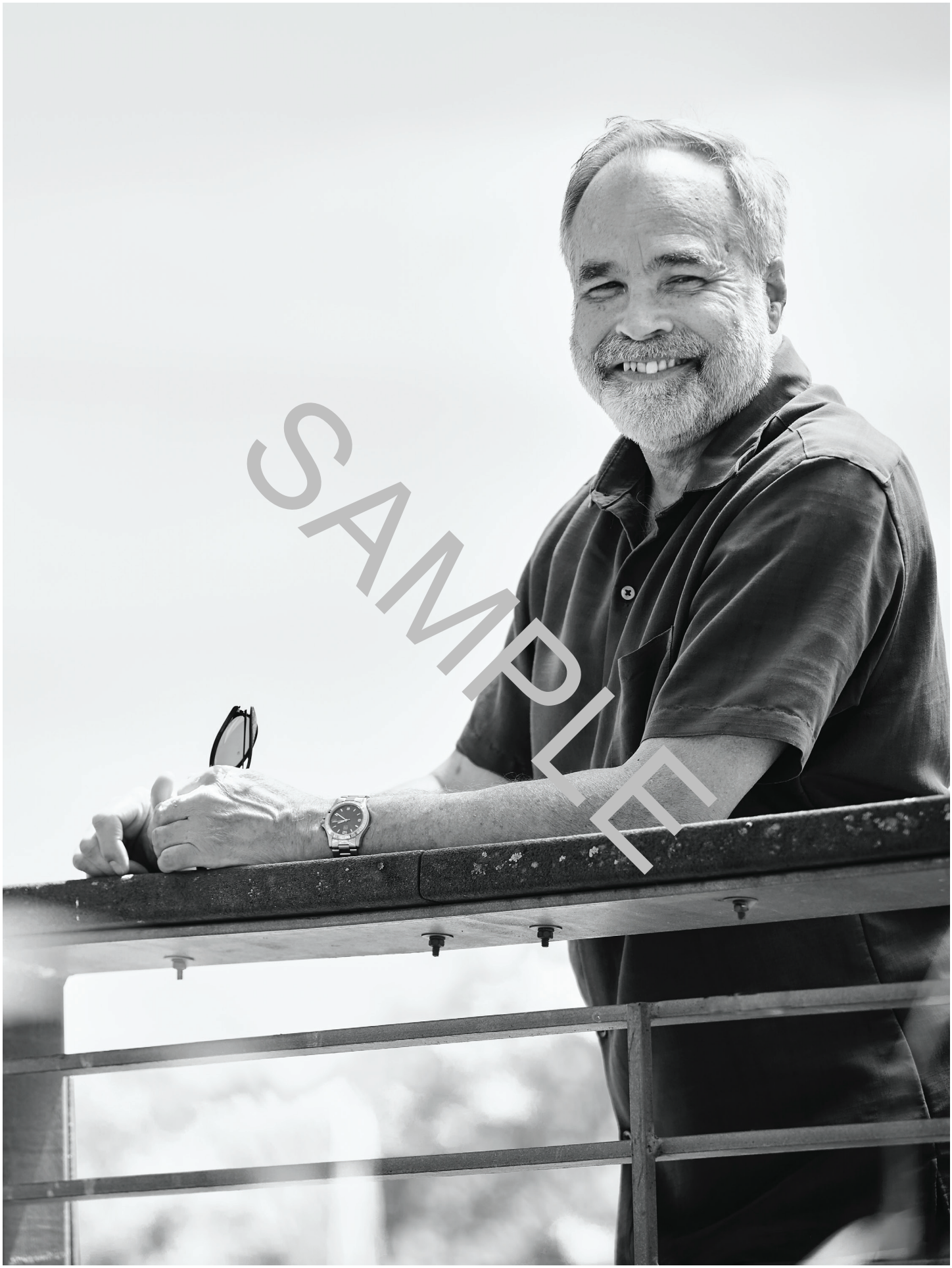
I understand that the individual(s) listed above may, at any time, release any information received. UnitedHealthcare cannot guarantee the individual(s) will not use or disclose the information in violation of any applicable privacy laws.

INSURED MEMBER'S SIGNATURE DATE (DD/MM/YYYY)

Send this completed form to:
UnitedHealthcare
PO BOX 30607
Salt Lake City, UT 84130-0607

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Renew Active™ Terms and Conditions

Eligibility Requirements

- Only members enrolled in a participating Medicare Plan insured by UnitedHealthcare Insurance Company ("UnitedHealthcare") and affiliates are eligible for the Renew Active program ("Program"), which includes, without limitation, access to standard fitness memberships at participating gyms/fitness locations, online fitness and cognitive providers, digital communities, events, classes and discounts for meal delivery at no additional cost.
- By enrolling in the Program, you hereby accept and agree to be bound by these Renew Active Terms and Conditions.

Enrollment Requirements

- Membership and participation in the Program is voluntary.
- You must enroll in the Program according to the instructions provided on this website. Once enrolled, you must obtain your confirmation code and use it when signing up for any Program services. Provide your confirmation code when visiting a participating gym/fitness location to receive standard membership access at no additional cost, registering with an online fitness and/or cognitive provider, joining the Fitbit® Community for Renew Active, and to gain access to included discounts. Please note that by using your confirmation code, you are electing to disclose that you are a Renew Active member with a participating UnitedHealthcare Medicare plan.
- Program enrollment is on an individual basis and the Program's waived monthly membership rate for standard membership services at participating gyms and fitness locations is only applicable to individual memberships.
- You are responsible for any and all non-covered services and/or similar fee-based products and services offered by Program service providers (including, without limitation, gym/fitness centers, digital fitness offerings, digital cognitive providers, Fitbit, and other third-party service offerings made available through the Program), including, without limitation, fees associated with personal training sessions, specialized classes, enhanced facility membership levels beyond the basic or standard membership level, and meal delivery.

Fitness membership equipment, classes, personalized fitness plans, caregiver access and events may vary by location. Access to gym and fitness location network may vary by location and plan.

Liability Waiver

- Always seek the advice of a doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine.
- Certain services, discounts, classes, events, and online fitness offerings are provided by affiliates of UnitedHealthcare or other third parties not affiliated with UnitedHealthcare. Participation in these third-party services are subject to your acceptance of their respective terms and policies. UnitedHealthcare and its respective subsidiaries are not responsible for the services or information provided by third parties. The information provided through these services is for informational purposes only and is not a substitute for the advice of a doctor. UnitedHealthcare and its respective subsidiaries and affiliates do not endorse and are not responsible for the services or information provided by third parties, for the content on any linked site, or for any injuries you may sustain while participating in any activities under the Program.

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Renew Active™ Terms and Conditions

Other Requirements

- You must verify that the individual gym/fitness location or service provider participates in the Program before enrolling.
- If a Program service provider you use, including a gym or fitness location, ceases to participate in the Program, your Program participation and waived monthly membership rate with such service provider through the Program will be discontinued until you join another service offered by a participating service provider. You will be responsible for paying the standard membership rates of the service provider should you elect to continue to receive services from a service provider once that service provider ceases to participate in our Program. If you wish to cancel your membership with such service provider, you can opt to do so per the cancellation policy of the applicable service provider, including the applicable gym or fitness location. You should review your termination rights with a service provider when you initially elect to sign up with such service provider.

Data Requirements

- Optum (the Program administrator) and/or your service provider will collect and electronically send and/or receive the minimum amount of your personal information required in order to facilitate the Program in accordance with the requirements of applicable laws, including privacy laws. Such required personal information includes, but is not limited to, program confirmation code, gym/fitness location/provider membership ID, activity year and month, and monthly visit count. By enrolling in the Program, you authorize Optum to request, and each service provider to provide, such personal information.

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Service Disclaimers

Renew Active® by UnitedHealthcare®

Participation in the Renew Active® program is voluntary. Renew Active includes standard 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. Certain services, classes and events are provided by affiliates of UnitedHealthcare or other third parties not affiliated with UnitedHealthcare. UnitedHealthcare is not responsible for the services or information provided by third parties. The information provided through these services is for informational purposes only and is not a substitute for the advice of a doctor.

The Renew Active program varies by plan/area. Access to gym and fitness location network may vary by location and plan. Renew Active premium gym and fitness location network only available with certain plans.

Fitbit Premium™

Fitbit will share only non-identifiable, aggregate information with UnitedHealthcare that is collected through the use of the Fitbit Platform. This information may be used by UnitedHealthcare to potentially help develop future programs and services for its insured members. In addition, any content you post to the Fitbit Community for Renew Active group will be visible to all users within the group who access the feature, including UnitedHealthcare, the organization enabling the group. You are solely responsible for your content. Be mindful that, like any Internet forum or group chat, individuals may post information that may not be accurate and UnitedHealthcare is not responsible for content posted in this forum or any actions taken by individuals based on content posted in this forum.

Participation in the Fitbit Community for Renew Active is voluntary. Access to this service is subject to your acceptance of Fitbit's Terms of Use and Privacy Policy. Existing Users of the Fitbit website/app who have already accepted Fitbit's Terms of Use and Privacy Policy will not be required to create a new Fitbit account, but should refer back to Fitbit's Terms of Use and Privacy Policy to understand relating to your use of the Fitbit Community for Renew Active functionality on the Fitbit website or app.

AARP® Staying Sharp®

For AARP® Medicare Supplement insured members, this program offering is not an insurance program, is only offered in certain jurisdictions and may be discontinued at any time. UnitedHealthcare will receive, from AARP Staying Sharp, program confirmation code information together with data regarding your usage of AARP Staying Sharp (for example, the number of times you visited their website each month). This information may be used by UnitedHealthcare to potentially help develop future programs and services for its insured members.

Staying Sharp, including all content and features, is offered for informational purposes and to educate users on brain health care and medical issues that may affect their daily lives. Staying Sharp is based on a holistic, lifestyle approach to brain health that encourages users to incorporate into their daily lives activities that are associated with general wellness. Nothing in the service should be considered, or used as a substitute for, medical advice, diagnosis, or treatment. Features including the Cognitive Assessment and Lifestyle Check-Ins, Additional Tests, exercises, and challenges assess performance at a particular moment in time on certain discrete cognitive tasks. Staying Sharp games are intended for entertainment and recreational purposes only. Various factors may affect performance, including sleep, tiredness, focus, and other social, environmental, or emotional factors. Performance is not indicative of cognitive health and not predictive of future performance or medical conditions.

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Service Disclaimers

Dentegra Dental Discount

All decisions about medications and dental care are between you and your dentist or health care provider. The Dentegra Dental Discount is not a Qualified Health Plan under the Affordable Care Act. Products or services that are reimbursable by federal programs including Medicare and Medicaid are not available on a discounted or complimentary basis. The Dentegra Dental Discount provides discounts at certain health care providers for dental services. The range of discounts will vary depending on the type of provider, geographic region and service. The Dentegra Dental Discount does not make payments to the providers of dental services. Individuals who utilize the Dentegra Dental Discount are obligated to pay for all health care services but will receive a discount from those health care providers who have contracted with Dentegra Insurance Company. Dentegra Insurance Company, 560 Mission Street, San Francisco, CA 94105, is the Discount Plan Organization.

AARP® Hearing Solutions™ provided by UnitedHealthcare Hearing

The $100 discount and 4-year extended warranty applies to hearing aids offered in the Premier or Classic technology levels. 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. Providers pay a royalty fee to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. Some provider fees are subject to change and may have restrictions. Please contact the provider directly for details.

AARP® Vision Discounts provided by EyeMed

EyeMed Vision Care LLC (EyeMed) is the network administrator of AARP Vision provided by EyeMed. 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 you and your health care provider. Products or services that are reimbursable by federal programs including Medicare and Medicaid are not available on a discounted or complimentary basis. EyeMed pays a royalty fee to AARP for use of the AARP intellectual property. Amounts paid are used for the general purposes of AARP and its members.

24/7 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® Smart Driver™

This offer is non-transferrable and void where prohibited. Your participation in the AARP Smart Driver™ course is completely voluntary and participation will not impact your health coverage. Participation in this offering is subject to your acceptance of the AARP® Smart Driver™ Terms of Use and Privacy Policy.

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UnitedHealthcare Insurance Company and affiliates pay royalty fees to AARP for the use of intellectual property. These fees are used for the general purposes of AARP. AARP and its affiliates are not insurers. Insured by UnitedHealthcare Insurance Company or an affiliate (collectively "UnitedHealthcare"). Refer to your Certificate of Insurance for your Insurer. For New York Certificate holders: Insured by UnitedHealthcare Insurance Company of New York. For Washington Certificate holders: Insured by UnitedHealthcare Insurance Company.

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Section 2

Important Plan Information

This section includes key documents you need to review, including:

- **Outline of Coverage**
- **Certificate of Insurance**
- **Your Right to Review**
- **Notice of Privacy Practices**
- **Other Information**
- **Helpful Resources**

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Plan Benefit Tables: Plan G

Medicare Part A: Hospital Services per Benefit Period[1]

Service		Medicare Pays	Plan G Pays	You Pay
Hospitalization[1] Semiprivate room and board, general nursing and miscellaneous services and supplies.	First 60 days	All but $1,600	$1,600 (Part A deductible	$0
	Days 61-90	All but $400 per day	$400 per day	$0
	Days 91 and later while using 60 lifetime reserve days	All but $800 per day	$800 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 Care 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 $200 per day	Up to $200 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.

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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 $226 of Medicare-approved amounts[3]	$0	$0	$226 (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 $226 of Medicare-approved amounts[3]	$0	$0	$226 (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 $226 of Medicare-approved amounts[3]	$0	$0	$226 (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 $226 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

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AARP Medicare Supplement Plan G Certificate of Insurance

Underwritten by:
UnitedHealthcare Insurance Company
Administrative office: 680 Blair Mill Road
Horsham, Pennsylvania 19044
Home office: Hartford, Connecticut
Claim mailing address: see your ID card

Issued to:
Sample J Sample
123 Any St
Any Town, NJ 07960

Membership #: 353448944-11
Effective Date: 09-01-2023

About this document

We call this document your *Certificate*. A *Group Policy* has been issued to the Trustees of the AARP Insurance Plan and your *Certificate* is proof of your coverage under the *Group Policy*. This *Certificate* is effective on the *Effective Date* shown on this page. This *Certificate* is an important document and should be kept in a safe place. **Please read this *Certificate* carefully.**

In this document, "you" means the person whose name appears on this page and who this *Certificate* has been issued to. "We" and "us" means UnitedHealthcare Insurance Company.

Many of the terms we use in this *Certificate* have special meanings. To help you find these terms, each of them begins with a capital letter and appears in *italics*. *Certificate* is one of these terms. You can find our definitions for each of these terms in the section at the end of this *Certificate* called "Terms we use."

This *Certificate* is subject to the laws of the State of New Jersey.

You have 30 days to decide if you want this Plan

If you decide you do not want this *Plan*, within 30 days after you receive this *Certificate*, you must do <u>one</u> of these two things:

1. Call us at the phone number shown on your ID card and ask us to void your *Plan*, or
2. Ask us in writing to void your *Plan*. You can send your request to the Administrative office shown above.

When we receive your request, we will treat the *Certificate* as if no coverage under this *Plan* was in force from the *Effective Date*. We will also refund any *Premium* you paid.

If we pay any claims for you before we process your request, we have the right to recover what we paid. We will reduce the *Premium* returned to you by the amount of the claims we paid.

If the amount we paid for your claims is more than the *Premium* you paid, you will not receive a *Premium* refund.

Notice to buyer

This *Plan* may not pay all of your medical expenses. See "What's included in your Plan."

Keeping your coverage under this Plan

To keep your coverage in force, pay the *Premium* when it is due.

This coverage is guaranteed renewable which means that we can cancel it only if certain events happen. Any of these events gives us the right to cancel your coverage under this *Plan*:

1. You have not paid your *Premium* on time.
2. The *Group Policy* has ended. See "About this Plan" for more information about the *Group Policy*.
3. You misstated one or more *Material Facts* when you applied for this *Plan*. See "Effects of statements you made to us" for more information.

<u>Caution</u>: Please review the copy of your application that we returned to you. You made statements in your application that we relied upon when we issued this *Plan*. If any statement is incorrect or untrue, we have the right to void this coverage, adjust your *Premiums* or reduce benefits. If you think you have given us incorrect or incomplete information, you should contact us now, before you have a claim.

Limit on benefits for Pre-existing Conditions

We will not pay benefits for any stay that starts or medical care you receive for a *Pre-existing Condition* during the first 3 months after your *Effective Date*. See "Terms we use" for the definition of *Pre-existing Condition.*

This limit does not apply if mandated by state law, or if we receive your application before or during your open enrollment period. Your open enrollment period lasts 6 months and starts on the first day of the month in which you are both age 65 or older and enrolled in Medicare Part B.

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ABOUT THIS PLAN

Your coverage under this *Plan* is provided by UnitedHealthcare Insurance Company.

This *Plan's* coverage is in addition to your *Medicare* benefits. It does not replace those benefits and will not duplicate those benefits. To learn more about your benefits, see "What's included in your Plan" and "What's not included in your Plan."

We have issued this *Certificate* under *Group Policy* number G-36000-4. We issued the *Group Policy* in the District of Columbia to the Trustees of the AARP Insurance Plan. It provides insurance for AARP members and is governed by the laws of the District of Columbia.

All benefits are subject to the *Group Policy*. The *Group Policy* refers to this *Certificate*. This *Certificate* is included and made a part of the *Group Policy* by this reference. You may review the *Group Policy* at the office of the Trustees of the AARP Insurance Plan. You must visit during normal business hours. This is the office's address:

601 E Street N.W.
Washington, DC 20049.

Who is eligible for this Plan

You are eligible to enroll in this *Plan* if these three statements are true.

1. You are an eligible member of AARP, or you are an eligible *Spouse* of a member of AARP.
2. You are enrolled under both Part A and Part B of original *Medicare*.
3. Either:
   a. You are enrolled in another Medicare supplement plan or in a Medicare Advantage plan or other Medicare Part C plan, and you will replace that plan with this *Plan*, or
   b. You are not enrolled in another Medicare supplement plan or in a Medicare Advantage plan or other Medicare Part C plan.

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When your Plan's coverage begins

If the required *Premium* is paid when it is due, your coverage under this *Plan* begins on the *Effective Date* shown on the first page of this *Certificate*.

Medicare Eligible Expenses must be incurred on or after your *Effective Date* in order to be paid under this *Plan*. Benefits will not be paid for any service or care that is received before your *Effective Date*.

See "What's included in your Plan" for additional requirements related to your *Plan* benefits.

Your Medicare coverage and this Plan

Because this *Plan* works with your *Medicare* benefits, we use the standards set by *Medicare* when we provide coverage under this *Plan*.

For example, *Medicare* sets certain standards for the kinds of expenses it will pay. In particular, *Medicare* requires your care to be "reasonable and medically necessary." In this *Certificate*, we call expenses that meet all of *Medicare's* standards for payment *Medicare Eligible Expenses.*

Medicare also sets standards for:

1. How much it will pay.
2. The deductibles, co-insurance, and co-payments that you will have to pay.
3. The amounts a health care provider can bill you above the deductibles, co-insurance, and co-payments you are required to pay.

From time to time, *Medicare* changes the amount you are required to pay for deductibles, co-payments and co-insurance. When that happens, the benefits paid by this *Plan* will change. Your benefits will be based on the new amount *Medicare* requires you to pay for the *Part A Deductible*, *Part A Daily Co-insurance*, *Lifetime Reserve Daily Co-insurance*, *Part B Co-insurance*, and *Skilled Nursing Facility Daily Co-insurance*.

Benefits after your Plan's coverage ends

You may be entitled to have benefits continue under this *Plan* after your coverage ends. We will continue to pay benefits for any continuous loss which began while your coverage was in force if your coverage under this *Plan* ends during that continuous loss. You must be continuously *Totally Disabled* for a loss to be considered continuous.

Receiving Medicare Part D prescription drug benefits will not be considered in determining a continuous loss.

These extended benefits will be limited to either payment for the duration of this *Plan's* benefit period or payment of maximum benefits under this *Plan*, whichever is less. These benefits are subject to all other provisions set forth in this *Certificate*.

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WHAT'S INCLUDED IN YOUR PLAN

We will only pay benefits as described in this *Certificate* for the following services:

1. *Hospital* stays
2. *Skilled Nursing Facility* stays
3. *Hospice Care*
4. Medicare Part B expenses (such as *Physician*'s office visits, emergency room care, diagnostic tests, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, durable medical equipment)
5. Blood
6. Emergency care outside the United States

On the following pages, under each service, you will see a column on the left called "What Medicare requires you to pay." This column explains the share of your health care costs that *Medicare* requires you to pay.

Things to remember about the information in this column:

- *Medicare* can change what it pays and what it asks you to pay, so this information could change.
- There may be costs that you incur, other than those listed, that *Medicare* does not cover.

On the following pages, under each service, you will see a column on the right called "What this Plan pays." This column tells you what benefit you will receive from your *Plan* so that you know which costs this *Plan* will pay for you.

Benefits are subject to these requirements

Things to remember about the information in the "What this Plan pays" column:

- Payment of any benefit under this *Plan* is subject to all of the terms and conditions of this *Certificate*.
- For some services, more requirements must be met in order for benefits to be paid. If there are additional requirements for a service, they are explained in "This benefit has these added requirements" that follows the benefit description.
- We will pay only one type of benefit for any covered stay or service.

Please continue to the next page to see what's included in your *Plan*.

SAMPLE

1. Hospital Stays – Medicare Part A

What Medicare requires you to pay

Part A of *Medicare* helps cover inpatient care received in a *Hospital*.

Each *Benefit Period*, *Medicare* requires you to share the cost of Part A *Medicare Eligible Expenses* for your inpatient *Hospital* stay in these ways:

1. You are responsible for a *Part A Deductible* the first time you are admitted to a *Hospital* in a *Benefit Period*.
2. You are responsible for a *Part A Daily Co-insurance* from the 61st day through the 90th day of inpatient *Hospital* care in each *Benefit Period*.
3. You are responsible for a *Lifetime Reserve Daily Co-insurance* when you use your 60 *Lifetime Reserve Days*.
4. You are responsible for the cost of your inpatient *Hospital* care if you are eligible to use your *Lifetime Reserve Days* and you choose not to use them.
5. You are responsible for the cost of your inpatient *Hospital* care if you have used up all of your *Lifetime Reserve Days*.

What this Plan pays

This *Plan* helps you pay your share of the cost of an inpatient *Hospital* stay.

Here is what this *Plan* pays for Part A *Medicare Eligible Expenses* for your inpatient *Hospital* stay:

1. This *Plan* will pay your *Part A Deductible* for each *Benefit Period*.
2. This *Plan* will pay your *Part A Daily Co-insurance* from the 61st day through the 90th day of each *Benefit Period*.
3. This *Plan* will pay your *Lifetime Reserve Daily Co-insurance* while you are using your 60 *Lifetime Reserve Days*.
4. This *Plan* will **not** pay any benefits when you are eligible to use your *Lifetime Reserve Days* and you choose not to use them.
5. This *Plan* will pay your Part A *Medicare Eligible Expenses* for *Hospital* care if you use all your *Hospital* benefits under Part A, including all of your *Lifetime Reserve Days*. This benefit has a lifetime maximum of an additional 365 days. This benefit will be paid at the applicable *Medicare* prospective payment system rate, or another appropriate *Medicare* standard of payment. Your *Hospital* must accept our payment as payment in full. Your *Hospital* may not bill you for any balance.

This benefit has these added requirements

To receive these *Plan* benefits, your inpatient *Hospital* stay must start on or after your *Effective Date*. This requirement does not apply to you if your *Effective Date* is 6 months or less after the date you first enrolled in Part B of *Medicare*; however, we will not pay any benefits for any period of a *Hospital* stay that occurs prior to your *Effective Date*.

SAMPLE

2. Skilled Nursing Facility Stays – Medicare Part A

What Medicare requires you to pay

Part A of *Medicare* helps cover skilled nursing care received in a *Skilled Nursing Facility* following a *Hospital* stay.

Each *Benefit Period*, *Medicare* requires you to share the cost of your *Skilled Nursing Facility* stay in these ways:

1. You are responsible for a *Skilled Nursing Facility Daily Co-insurance* from the 21st day through the 100th day of *Skilled Nursing Facility* care in each *Benefit Period.*
2. You are responsible for the cost of your *Skilled Nursing Facility* care beyond the 100th day in a *Benefit Period*.

What this Plan pays

This *Plan* helps you pay your share of the cost of a *Skilled Nursing Facility* stay.

Here is what this *Plan* pays for Part A *Medicare Eligible Expenses* for your *Skilled Nursing Facility* stay that follows a *Hospital* stay:

1. This *Plan* will pay the billed amount up to your *Skilled Nursing Facility Daily Co-insurance* from the 21st day through the 100th day of each *Benefit Period*.
2. This *Plan* will **not** pay any benefits for *Skilled Nursing Facility* care beyond the 100th day in a *Benefit Period*.

This benefit has these added requirements

To receive these *Plan* benefits, your *Skilled Nursing Facility* stay must follow a *Hospital* stay. Both the *Hospital* stay and the *Skilled Nursing Facility* stay must start on or after your *Effective Date*. The requirement that your *Hospital* stay must start on or after your *Effective Date* does not apply to you if your *Effective Date* is 6 months or less after the date you first enrolled in Part B of *Medicare.*

3. Hospice Care - Medicare Part A

What Medicare requires you to pay

Part A of *Medicare* helps cover *Hospice Care*, including support services for both the patient and caregivers. Part A of *Medicare* covers *Hospice Care* received at home and care received in a hospice outside the home.

Medicare requires you to share the cost of your *Hospice Care* in this way:

1. You are responsible for co-payments and co-insurance for certain Part A *Medicare* eligible *Hospice Care* and *Respite Care*.

What this Plan pays

This *Plan* helps you pay your share of the cost of *Hospice Care*.

Here is what this *Plan* pays for *Hospice Care*:

1. This *Plan* will pay all your *Medicare* co-payments and co-insurance for *Hospice Care* and *Respite Care*.

This benefit has these added requirements

To receive these *Plan* benefits, your care must be eligible for payment under Part A of *Medicare* and must be received on or after your *Effective Date*. Your *Physician* must certify that you are terminally ill.

SAMPLE

4. Medical Services - Medicare Part B

What Medicare requires you to pay

Part B of *Medicare* helps cover medical services and care. This includes services like *Physician's* office visits, emergency room care, diagnostic tests, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, and durable medical equipment. These are called Part B *Medicare Eligible Expenses*.

Medicare requires you to share the cost of your Part B *Medicare Eligible Expenses* in these ways:

1. You are responsible for the *Part B Deductible* *each* calendar year.
2. After the *Part B Deductible* has been met, you are responsible for a *Part B Co-insurance* for each covered service you receive. For *Hospital* outpatient department services paid under a prospective payment system, this amount is called a Part B co-payment amount.
3. If your provider does not accept *Medicare Assignment*, the provider may charge you *Part B Excess Charges* for *Medicare*-approved services. *Part B Excess Charges* are the difference between the *Medicare-approved Amount* and any charge limitation established by *Medicare* or state law.

What this Plan pays

This *Plan* helps you pay your share of the cost of Part B expenses.

Here is what this *Plan* pays for your Part B *Medicare Eligible Expenses:*

1. This *Plan* will **not** pay your *Part B Deductible* each calendar year.
2. This *Plan* will pay your *Part B Co-insurance* and your Part B co-payments.
3. This *Plan* will pay your *Part B Excess Charges*. No benefits are payable for services which are not covered by *Medicare*.

This benefit has these added requirements

Benefits will only be paid for charges that *Medicare* determines to be *Medicare Eligible Expenses*. To receive these *Plan* benefits, services must be received on or after your *Effective Date*.

SAMPLE

5. Blood – Medicare Parts A and B

What Medicare requires you to pay

If you receive blood, *Medicare* does not cover the cost of the first three pints of blood you receive each calendar year.

Medicare requires you to share the cost of blood in this way:

1. You are responsible for the cost of the first three pints of blood you receive each calendar year under Part A and Part B of *Medicare*.

What this Plan pays

This *Plan* helps you pay your share of the cost of blood.

Here is what this *Plan* pays for blood:

1. This *Plan* will pay the reasonable cost of the first three pints of blood you receive each calendar year under Part A and Part B of *Medicare.* Or instead, we will pay the reasonable cost of equivalent quantities of packed red blood cells, as defined under federal laws.

This benefit has these added requirements

This *Plan* benefit will not be paid if the blood is replaced according to federal laws. To receive these *Plan* benefits, blood must be received on or after your *Effective Date.*

6. Emergency care outside the United States – Not covered by Medicare

What Medicare requires you to pay

Medicare usually does not cover care you receive outside the United States.

1. In most cases, you are responsible for the full cost of emergency care you receive outside the United States.

What this Plan pays

This *Plan* covers certain care if you have a *Medical Emergency* while you are on a *Trip* outside the United States.

Here is what this *Plan* pays for emergency care outside the United States:

1. You are responsible for a $250 deductible each calendar year. After the deductible is met, this *Plan* will pay 80% of the billed charges for hospital, physician and medical care that would have qualified as *Medical Expenses* if they had been received in the United States.

This benefit has these added requirements

Benefits will be paid only if the care is due to a *Medical Emergency*. Also, benefits will be paid only if the care is not covered by *Medicare,* but would have been covered by *Medicare* if it had been received in the United States. You are responsible for a deductible of $250 each calendar year. This means you must pay the first $250 of your expenses each calendar year for care received in a foreign country due to a *Medical Emergency*. Benefits will be paid up to a lifetime maximum benefit of $50,000 for *Medical Emergency* care received outside of the United States. Benefits will be paid only if the *Medical Emergency* care is received on or after your *Effective Date*.

To receive these *Plan* benefits, your care must begin within the first 60 consecutive days of your *Trip* outside the United States. You must provide us with an itemized bill for your care. You must also provide us with any necessary and relevant medical records that we request. We will pay these benefits in United States currency. We will calculate the amount of our payment using the bank transfer exchange rate in effect on the day we process your claim for payment.

SAMPLE

WHAT'S NOT INCLUDED IN YOUR PLAN

This *Plan* does not cover all medical expenses. The following exclusions apply to your coverage under this *Plan*.

Benefits provided under Medicare

We will not pay benefits under this *Plan* that duplicate benefits provided by *Medicare*. We will not pay benefits for stays, care or services for which *Medicare* would have paid benefits if a claim had been submitted.

Benefits provided under a Medicare Advantage Plan

This *Plan* does not pay benefits to supplement a Medicare Advantage Plan or other Medicare Part C plan. This means your *Plan* does not pay benefits for deductibles, co-payments, or other cost-sharing under a Medicare Advantage Plan or other Medicare Part C plan.

Care not meeting Medicare's standards

We will not pay benefits for stays, care or services that do not meet *Medicare*'s standards, unless otherwise stated in this *Certificate.*

Care for which you have no obligation to pay

We will not pay benefits for any stays, care or services for which you are not legally obligated to pay. We will not pay benefits for stays, care or services for which you would not be charged if you did not have insurance.

Care you receive at a government Hospital

We will not pay benefits for any stays, care or services provided by a hospital or other institution which is owned or operated by any government unless payment is required by law.

Injury or sickness for which you are entitled to workers' compensation benefits

We will not pay benefits for any *Injury* or *Sickness* for which you are entitled to receive benefits under workers' compensation or any similar law.

Benefits provided under another policy

If you are replacing another Medicare supplement policy with this *Plan*, you may still be eligible for benefits under the prior policy in certain cases. We will not pay benefits for any stay or care which is covered under the prior policy.

Charges in excess of Medicare Eligible Expenses

We will not pay benefits for that part of an expense that is greater than the *Medicare Eligible Expense,* except as stated for *Part B Excess Charges* in "Medical Services - Medicare Part B."

SAMPLE

YOUR PREMIUMS

To be covered under this *Plan*, you must pay your first *Premium*. To maintain your coverage under this *Plan*, you must pay your *Premium* when it is due. If you do not pay your *Premium* when due, we have the right to cancel your coverage under this *Plan*.

Grace Period for paying Premiums

After you pay your first *Premium*, you have a 31-day *Grace Period* to pay each following *Premium*.

Your coverage under this *Plan* will stay in force until the end of the applicable *Grace Period*. You are responsible for paying the *Premium* for your *Plan* during the *Grace Period*.

This *Grace Period* will not apply if we issue another AARP Medicare supplement plan to replace this *Plan*. In that case, coverage under this *Plan* will stop on the *Effective Date* of your new coverage.

Changes in your Premium

We have the right to change the amount of your *Premium*. However, we will not make any change that affects only you. We will apply any change we make to everyone with this *Plan* who resides in your state at that time and who is in a situation similar to yours with respect to age, health conditions, tobacco use or other factors we consider when we determine *Premiums*.

What happens if you move?

If you change your *Primary Residence*, we may adjust your *Premium*. Your new *Premium* will be the *Premium* we are then charging for this *Plan* in the state where your new *Primary Residence* is located. Your new *Premium* will be the same as everyone who is in a situation similar to yours with respect to age, health conditions, tobacco use or other factors we consider when we determine *Premiums*.

SAMPLE

HOW YOUR PLAN WORKS

How to file a claim

Please show your insurance card to your health care provider when you receive services. We sent you information about how to file claims after you enrolled. Please follow those instructions when you file claims.

Evidence of claims

We pay benefits on a covered claim within 60 days after we have received *Proof of Loss.*

Time limit for submitting claims

You must provide *Proof of Loss* not later than 15 months from the date of the stay, service or care that is the basis for your claim. If you do not meet this time limit, we will not pay benefits on that claim. This time limit for furnishing *Proof of Loss* does not apply if you show that it was not reasonably possible to provide the *Proof of Loss*.

Who we pay benefits to

We will pay benefits directly to the provider who provided the care for which benefits are payable when your *Medicare* or your *Plan* benefits are assigned. If benefits are not assigned they will be paid to you, unless the law requires us to do otherwise.

Benefits after your death or incapacity

We may pay your benefits as described below when they are payable under this *Plan* and one of the following things has happened:

1. You have died.
2. You are not able to give a valid release.

In this situation, we may pay a benefit up to $1,000 to any relative of yours that we decide is justly entitled to it. If we pay this benefit, our payment to your relative in good faith will fully release us of our responsibility to the extent of the payment.

Physical Examinations

We have the right to examine you physically, at our expense, while your claim is pending.

Your duty to cooperate

We expect you to cooperate with us when we are determining your coverage or handling your claims. Your failure to help us may result in this *Plan* being made void or your claims being denied.

Here are some examples of what we may need your help with:

- We may need you to provide information or documents to us to determine if benefits should be paid.
- We may need you to provide information or documents to us to determine if this *Plan* has been appropriately issued to you.
- We may need your help in getting information we need from your provider.

Changes in your benefits when Medicare is secondary

If you have other health insurance, it may be considered your primary coverage, which means it will pay benefits first. In such case, *Medicare* would be your secondary coverage.

If *Medicare* is your secondary coverage, *Medicare* benefits will be paid after your primary coverage pays. In that case, we will pay benefits under this *Plan* based on *Medicare's* reduced benefits.

Your combined benefits from your primary and secondary coverage plus benefits paid under this *Plan* will not exceed the total *Medicare Eligible Expense* for the service or item.

More than one certificate

You can only be covered under one Medicare supplement plan at any one time. This *Certificate* replaces any certificate that we issued to you before under the *Group Policy*.

Entire contract

This *Certificate*, any riders which may be issued or attached, your application, and the *Group Policy* make up the entire contract.

SAMPLE

CHANGES TO YOUR PLAN

You have the right to request changes that affect this *Plan*. We have the right to approve or reject your request for changes.

If we do approve your request, the change will be effective on the first day of the month following the date we receive your request.

Converting this Plan to an individual policy

If the *Group Policy* ends, your coverage under this *Plan* will stop. In that case you will be offered other Medicare supplement coverage which will be either coverage from an insurance carrier named by the Trustees of the AARP Insurance Plan, or an individual policy issued by us.

If the *Group Policy* ends and an insurance carrier is not named, we will notify you that you have the right to convert to an individual guaranteed renewable policy. Our notice to you will explain the policies you can choose from. You must apply for this individual policy, and pay the first premium, within 31 days after the later of these two dates:

1. The date you receive our notice of your conversion rights.
2. The date your coverage under this *Plan* stops.

Changing AARP coverage

If, on your *Effective Date*, you have changed to this *Plan* from any other AARP health coverage issued by us (the prior coverage), no benefits will be paid under this *Plan* to the extent that benefits are payable under your prior coverage.

Suspending and reinstating your Plan

At certain times, you have the right to suspend your coverage and *Premium* under this *Plan* for certain periods of time. This section describes those rights and how they work.

Disabled persons covered under group health plans

If you are under age 65, and you are entitled to benefits under *Medicare* Part A because you are disabled, you have the right to ask us to suspend your coverage and *Premium* under this *Plan* while you are covered by a group health plan. We will suspend your coverage and *Premium* for no longer than the period of time provided by federal law.

If this *Plan* is suspended and you later lose your coverage under the group health plan, we will reinstate this *Plan*, if it is available. If it is not available, we will offer other Medicare supplement coverage which provides substantially equivalent benefits.

Persons entitled to Medicaid

You have the right to ask us to suspend your coverage and *Premium* under this *Plan* while you are entitled to benefits under *Medicaid*. We will suspend your coverage and *Premium* for up to 24 months.

You must ask us to suspend your coverage and *Premium* within 90 days after you become eligible for *Medicaid*.

If this *Plan* is suspended and you later lose your entitlement to *Medicaid*, you have the right to ask us to reinstate this *Plan*, if it is available. If it is not available, we will offer other Medicare supplement coverage which provides substantially equivalent benefits.

Reinstating your Plan

If your *Plan* is suspended as stated above, and you lose your group health plan coverage or your *Medicaid* entitlement during the suspension, you may reinstate your *Plan.* Your *Plan* will be reinstated as of the date you lose your group health plan coverage or your *Medicaid* entitlement. To be reinstated, you must notify us within 90 days after the date you have lost your group health plan coverage or your *Medicaid* entitlement and pay all *Premiums* for the 90-day period.

If your *Plan* is reinstated, we will not require any new waiting period for *Pre-existing Conditions.* For rate purposes, we will keep you grouped in the same rating class.

SAMPLE

DISPUTES AND LEGAL ACTIONS

Legal actions

You cannot bring any action at law or in equity for any benefits under the *Group Policy* until 60 days after you have filed written *Proof of Loss*.

You cannot bring any action at law or in equity once three years have passed from the date you were required to provide *Proof of Loss*.

Our right to recover claim payments

If we make a payment that is not required under this *Plan*, we have the right to recover the amount of that payment.

We can recover the payment from any of the following:

1. Any person to whom the payment was made.
2. You, or any other person for whom the payment was made.
3. Any insurance company.
4. Any other organization or person.

Conformity with state statutes

If any provision in this *Certificate*, on its *Effective Date,* conflicts with the laws of the state in which it is delivered, this *Certificate* is amended to meet the minimum requirements of such laws.

SAMPLE

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EFFECTS OF STATEMENTS YOU MADE TO US

On your application for this *Plan,* you have stated certain *Material Facts* to us. We have relied on your statements to issue this *Plan* and to decide what *Premium* to charge you. We deem these statements to be representations and not warranties.

Our rights to take certain actions

If you misstated any *Material Fact*, we have certain rights:

1. We have the right to void this *Plan* if you misstated any *Material Fact* and we would not have issued this coverage if the *Material Fact* had been correctly stated. This means your *Plan* will be treated as if it had never been issued.

   If we void this *Plan* for this reason, we will refund all *Premiums* you paid, less the amount we have paid for your claims under this *Plan*.

2. We have the right to adjust your *Premium* if you have misstated any *Material Fact* and we would have charged you a different *Premium* if the *Material Fact* had been correctly stated.

   If we adjust your *Premium* for this reason, you are responsible for the payment of corrected *Premiums* from your *Effective Date.* In addition to our other rights, we have the right to offset against any claim payments otherwise payable under this *Plan* to recover the amount of *Premiums* owed by you but not paid as the result of your misstatement.

Limit on our rights

Your statements will not be used as a basis to void your insurance, adjust your *Premiums* or reduce your benefits unless all of the following are true:

1. Your statement is in writing and signed by you.
2. We have furnished a copy of the statement to you or your legal representative.
3. Your insurance has been in force, prior to the contest, less than two years. This two-year limitation does not apply if your statements were fraudulent misstatements.

SAMPLE

TERMS WE USE

Benefit Period means a period of time that is used to determine *Medicare* Part A benefits. It begins the day you enter a *Hospital* for inpatient care and ends when you have been out of the *Hospital* and have not received skilled care in any other facility for 60 days in a row.

Certificate means this document. It represents AARP Medicare Supplement Plan G Certificate of Insurance issued under Group Policy No. G-36000-4 to the person who is named on the first page of this *Certificate*.

Effective Date means the date your *Plan* takes effect. It is shown on the first page of this *Certificate*.

Grace Period means the 31 days following the monthly due date for your *Premium*.

Group Policy means the group policy issued to us to the Trustees of the AARP Insurance Plan in the District of Columbia. It is identified by policy number G-36000-4.

Hospice Care means care for those who are terminally ill. *Hospice Care* typically focuses on comfort (controlling symptoms and managing pain) rather than seeking a cure.

Hospital means an institution that provides hospital care and is approved for payment by *Medicare* as a hospital.

Injury means an accidental bodily injury which is the direct result of an accident, independent of disease or illness or any other cause.

Lifetime Reserve Daily Co-insurance means the cost-sharing amount Medicare requires you to pay each day while you are using your *Lifetime Reserve Days*.

Lifetime Reserve Days means the lifetime reserve of 60 days you have for *Medicare* Part A inpatient *Hospital* care. You can use these days whenever you need more than 90 days of inpatient *Hospital* care in a *Benefit Period*. These 60 days can only be used once during your lifetime.

Material Facts are certain facts about your age, eligibility, health conditions, tobacco use and other information that you give us when you apply. We use these facts to decide whether to issue your coverage and how much *Premium* you will be charged.

Medicaid means a program of medical assistance for the poor and indigent, established under Title XIX of the Social Security Act.

Medical Emergency means both of the following are true:

1. You experience the sudden and unexpected onset of symptoms, a condition, a *Sickness*, or an *Injury*.
2. Your symptoms, condition, *Sickness* or *Injury* could carry substantial risk of serious medical complication or permanent damage to you if you do not receive care or services.

We will use appropriate United States medical standards in deciding whether your situation meets this definition.

Medicare means the health insurance program established by Title XVIII, United States, Social Security Act, as amended by 42 U.S.C. Sections 1395, et seq., and as later amended. *Medicare* is administered by the Centers for Medicare and Medicaid Services. Part A helps with *Hospital* costs and skilled nursing care. Part B helps with *Physician's* care and outpatient services.

Medicare-approved Amount means the amount *Medicare* determines is reasonable for a covered medical service.

Medicare Assignment means the provider agrees to accept the *Medicare-approved Amount* as full payment.

Medicare Eligible Expenses mean expenses of the kinds covered by *Medicare* Parts A and B. The expenses must be reasonable and medically necessary according to *Medicare's* standards for payment.

SAMPLE

Part A Daily Co-insurance means the cost-sharing amount *Medicare* requires you to pay each day from the 61st day through the 90th day of inpatient *Hospital* care in each *Benefit Period.*

Part A Deductible means the amount you are responsible to pay the first time you are admitted to a *Hospital* in each *Benefit Period*.

Part B Co-insurance means the amount you are responsible to pay for each covered service you receive under *Medicare* Part B after the *Part B Deductible* has been met. For *Hospital* outpatient department services paid under the prospective payment system, this amount is called a Part B co-payment amount.

Part B Deductible means the amount you are responsible for each calendar year toward Part B *Medicare Eligible Expenses*.

Part B Excess Charges means the amount a provider who does not accept *Medicare Assignment* is legally permitted to charge you above the *Medicare-approved Amount.*

Physician means a licensed practitioner of the healing arts who is acting within the scope of his or her license.

Plan means your coverage provided under this AARP Medicare Supplement Plan G Certificate of Insurance.

Pre-existing Condition means a condition for which one of these things happened within 3 months before your *Effective Date*:

1. A *Physician* gave you medical advice for the condition.
2. A *Physician* recommended or gave you treatment for the condition.
3. A *Physician* recommended or prescribed a prescription drug for the condition.

Premium means the monthly payment you are required to make to us for coverage under this *Plan*.

Primary Residence means the mailing address for your dwelling in the state where you reside for federal income tax purposes.

Proof of Loss means information we need to document and process your claim. For *Medicare Eligible Expenses, Proof of Loss* includes a statement from the *Medicare* carrier that shows us the *Medicare Eligible Expenses*.

Respite Care means short-term inpatient care to relieve family members caring for you.

Sickness means an illness or disease.

Skilled Nursing Facility means a facility that provides skilled nursing care and is approved for payment by *Medicare* as a skilled nursing facility.

Skilled Nursing Facility Daily Co-insurance means the amount you are responsible to pay each day from the 21st day through the 100th day of *Skilled Nursing Facility* care in each *Benefit Period*.

Spouse means a legally recognized husband, wife, domestic partner, or civil union partner under the laws of the State of New Jersey.

Totally Disabled means you are confined under a *Physician's* orders in an institution or at home for medical care or treatment and you are unable to engage in the normal and customary activities of a person of the same age and sex in reasonably good health.

Trip means a period of time beginning the day you leave the United States and ending the day you return.

SAMPLE

CERTIFICATE RIDER

UnitedHealthcare Insurance Company

This Certificate Rider should be attached to your AARP Medicare Supplement Certificate of Insurance, which was issued under Group Policy Number G-36000-4.

This rider makes certain benefits simpler and easier to obtain by removing a previous requirement. The requirement for a Hospital or Skilled Nursing Facility stay to begin on or after the Effective Date of your Certificate in order to receive benefits no longer applies. With this rider, benefits are considered for any part of a Hospital or Skilled Nursing Facility stay that takes place on or after your Effective Date.

Effective Date of Rider: Effective date of your Certificate.

Your Certificate is modified as follows:

1. The "This benefit has these added requirements" section, under the "**Hospital Stays – Medicare Part A**" provision, is replaced by the following:

   This benefit has these added requirements
   We will not pay any benefits for any period of a *Hospital* stay that occurs prior to your *Effective Date*.

2. The "This benefit has these added requirements" section, under the "**Skilled Nursing Facility Stays – Medicare Part A**" provision, is replaced by the following:

   This benefit has these added requirements
   We will not pay any benefits for any period of a *Skilled Nursing Facility* stay that occurs prior to your *Effective Date*.

This Rider is subject to all of the provisions, definitions, exclusions and limitations of your Certificate to which this Certificate Rider attaches, except as modified herein. This Rider will stay in effect only as long as you remain covered under your certificate of insurance issued by UnitedHealthcare Insurance Company.

UNITEDHEALTHCARE INSURANCE COMPANY

CRA 1869

SAMPLE

SAMPLE

Remember, you have up to 30 days to review this coverage.

Please review the important details below.

Sometimes, people change their minds. UnitedHealthcare understands.

You have up to 30 days to review this coverage and decide if you want this plan.

It is important to know:

- You have the right to review this coverage for 30 days.
- If you decide the plan is not right for you, return the Certificate of Insurance (found in Section 3: Important Plan Information) for a refund.
- UnitedHealthcare reserves the right to recover the amount of any claims paid during this period, and any refund will be reduced by that amount.

Please see your Certificate of Insurance for specific information on the plan you selected.

If you decide you do not want this plan, within 30 days after you receive your Certificate of Insurance (included in this booklet), you must do <u>one</u> of these two things:

1. Call UnitedHealthcare Customer Service at the phone number shown on your health insurance card or at **1-800-523-5800** (para español: **1-800-822-0246**), and ask us to void your plan,

OR

2. Send your request to the Administrative office at:

680 Blair Mill Road
Horsham, PA 19044

SAMPLE

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HEALTH PLAN NOTICES OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY.

Notice for Medical Information: Pages 4-9
Notice for Financial Information: Pages 10-11

Language Assistance Services

We[1] provide free language services to help you communicate with us. We offer interpreters, letters in other languages, and letters in other formats like large print. To get help, please call **toll free 1-800-523-5800** or the toll-free member phone number listed on your health plan ID card TTY/RTT 711. We are available Monday through Friday, 7 a.m. to 11 p.m. ET, and Saturday 9 a.m. to 5 p.m. ET.

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al 1-800-523-5800.

請注意：如果您說中文 (Chinese)，我們免費為您提供語言協助服務。請致電：1-800-523-5800.

XIN LƯU Ý: Nếu quý vị nói tiếng **Việt (Vietnamese)**, quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi 1-800-523-5800.

알림: **한국어(Korean)**를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-523-5800 번으로 전화하십시오.

PAUNAWA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika. Mangyaring tumawag sa 1-800-523-5800.

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является **Русский (Russian)**. Позвоните по номеру 1-800-523-5800.

تنبيه: إذا كنت تتحدث **العربية (Arabic)**، فإن خدمات المساعدة اللغوية المجانية متاحة لك. الرجاء الأتصال ب 1-800-523-5800.

ATANSYON: Si w pale **Kreyòl ayisyen (Haitian Creole)**, ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nan1-800-523-5800.

ATTENTION: Si vous parlez **français (French)**, des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le 1-800-523-5800.

SAMPLE

UWAGA: Jeżeli mówisz po **polsku (Polish)**, udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod numer 1-800-523-5800.

ATENÇÃO: Se você fala **português (Portuguese)**, contate o serviço de assistência de idiomas gratuito. Ligue para 1-800-523-5800.

ATTENZIONE: in caso la lingua parlata sia l'**italiano (Italian)**, sono disponibili servizi di assistenza linguistica gratuiti. Si prega di chiamare il numero 1-800-523-5800.

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufen Sie1-800-523-5800 an.

注意事項：**日本語 (Japanese)**
を話される場合、無料の言語支援サービスをご利用いただけ
ます。1-800-523-5800 にお電話ください。

توجه: اگر زبان شما **فارسی (Farsi)** است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد.
1-800-523-5800 تماس بگیرید.

कृपा ध्यान दें: यदि आप **हिंदी (Hindi)** भाषी हैं, तो आपके लिए भाषा सहायता सेवाएं नि:शुल्क उपलब्ध हैं। कृपा पर काल करें 1-800-523-5800

CEEB TOOM: Yog koj hais Lus **Hmoob (Hmong)**, ces tuaj kev pab txhais lus pub dawb rau koj. Thov hu rau 1-800-523-5800.

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយ**ភាសាខ្មែរ(Khmer)**សេវាជំនួយ...សោដោយឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទ ទៅលេខ 1-800-523-5800។

PAKDAAR: Nu saritaem ti **Ilocano (Ilocano)**, ti serbisyo para...i badiang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Maidawat ng...awagan iti 1-800-523-5800.

DÍÍ BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yáníłti'go, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shoodí kohjį' 1-800-523-5800 hodíilnih.

OGOW: Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac 1-800-523-5800.

ΠΡΟΣΟΧΗ: Αν μιλάτε **Ελληνικά (Greek)**, υπάρχει δωρεάν βοήθεια στη γλώσσα σας. Παρακαλείστε να καλέσετε 1-800-523-5800.

ધ્યાન આપો: જો તમે **ગુજરાતી (Gujarati)** બોલતા હો તો આપને ભાષાકીય મદદરૂપ સેવા વિના મૂલ્યે પ્રાપ્ય છે.
કૃપા કરી 1-800-523-5800 પર કોલ કરો.

SAMPLE

Notice of Non-Discrimination

We[1] do not treat members differently because of sex, age, race, color, disability or national origin.

If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to:

Civil Rights Coordinator
UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UTAH 84130
UHC_Civil_Rights@uhc.com

You must send the complaint within 60 days of the incident. We will send you a decision within 30 days. If you disagree with the decision, you have 15 days to appeal.

If you need help with your complaint, please call **toll-free** 1-800-523-5800 or the toll-free member phone number listed on your health plan ID card, TTY/RTT 711. We are available Monday through Friday, 7 a.m. to 11 p.m. and Saturday 9 a.m. to 5 p.m. ET.

You can also file a complaint with the U.S. Dept. of Health and Human services.
Online: https://ocrportal.hhs.gov/ocr/portal/lobby.jsf
Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.
Phone: Toll-free **1-800-368-1019, 1-800-537-7697** (TDD)
Mail: U.S. Dept. of Health and Human Services. 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201

[1]For purposes of the Language Assistance Services and this Non-Discrimination Notice ("Notice"), "We" refers to the entities listed in Footnote 2 of the Notice of Privacy Practices and Footnote 3 of the Financial Information Privacy Notice. Please note that not all entities listed are covered by this Notice.

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Medical Information Privacy Notice

Effective January 1, 2022

We[2] are required by law to protect the privacy of your health information. We are also required to send you this notice, which explains how we may use information about you and when we can give out or "disclose" that information to others. You also have rights regarding your health information that are described in this notice. We are required by law to abide by the terms of this notice.

The terms “information” or “health information” in this notice include any information we maintain that reasonably can be used to identify you and that relates to your physical or mental health condition, the provision of health care to you, or the payment for such health care. We will comply with the requirements of applicable privacy laws related to notifying you in the event of a breach of your health information.

We have the right to change our privacy practices and the terms of this notice. If we make a material change to our privacy practices, we will provide to you, in our next annual distribution, either a revised notice or information about the material change and how to obtain a revised notice. We will provide you with this information either by direct mail or electronically, in accordance with applicable law. In all cases, if we maintain a website for your particular health plan, we will post the revised notice on your health plan website, www.aarpmedicaresupplement.com. We reserve the right to make any revised or changed notice effective for information we already have and for information that we receive in the future.

UnitedHealth Group collects and maintains oral, written and electronic information to administer our business and to provide products, services and information of importance to our enrollees. We maintain physical, electronic and procedural security safeguards in the handling and maintenance of our enrollees’ information, in accordance with applicable state and federal standards, to protect against risks such as loss, destruction or misuse.

How We Collect, Use, and Disclose Information

We collect, use and disclose your health information to provide that information:

- To you or someone who has the legal right to act for you (your personal representative) in order to administer your rights as described in this notice; and
- To the Secretary of the Department of Health and Human Services, if necessary, to make sure your privacy is protected.

We have the right to collect, use, and disclose health information for your treatment, to pay for your health care and to operate our business. For example, we may use or disclose your health information:

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- **For Payment** of premiums due us, to determine your coverage, and to process claims for health care services you receive, including for subrogation or coordination of other benefits you may have. For example, we may tell a doctor whether you are eligible for coverage and what percentage of the bill may be covered.
- **For Treatment.** We may collect, use, and disclose health information to aid in your treatment or the coordination of your care. For example, we may collect information from, or disclose information to, your physicians or hospitals to help them provide medical care to you.
- **For Health Care Operations.** We may collect, use, and disclose health information as necessary to operate and manage our business activities related to providing and managing your health care coverage. For example, we might talk to your physician to suggest a disease management or wellness program that could help improve your health or we may analyze data to determine how we can improve our services. We may also de-identify health information in accordance with applicable laws. After that information is de-identified, the information is no longer subject to this notice and we may use the information for any lawful purpose.
- **To Provide You Information on Health-Related Programs or Products** such as alternative medical treatments and programs or about health-related products and services, subject to limits imposed by law.
- **For Plan Sponsors.** If your coverage is through an employer sponsored group health plan, we may share summary health information and enrollment and disenrollment information with the plan sponsor. In addition, we may share other health information with the plan sponsor for plan administration purposes if the plan sponsor agrees to special restrictions on its use and disclosure of the information in accordance with federal law.
- **For Underwriting Purposes.** We may collect, use, and disclose your health information for underwriting purposes; however, we will not use or disclose your genetic information for such purposes.
- **For Reminders.** We may use or disclose health information to send you reminders about your benefits or care, such as appointment reminders with providers who provide medical care to you.
- **For Communications to You.** We may communicate, electronically or via telephone, these treatment, payment or health care operation messages using telephone numbers or email addresses you provide to us.

We may collect, use, and disclose your health information for the following purposes under limited circumstances:

- **As Required by Law.** We may disclose information when required to do so by law.
- **To Persons Involved with Your Care.** We may collect, use, and disclose your health information to a person involved in your care or who helps pay for your care, such as a family member, when you are incapacitated or in an emergency, or when you agree or fail to object when given the opportunity. If you are unavailable or unable to object, we will use our best judgment to decide if the disclosure is in your best interests. Special

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rules apply regarding when we may disclose health information to family members and others involved in a deceased individual's care. We may disclose health information to any persons involved, prior to the death, in the care or payment for care of a deceased individual, unless we are aware that doing so would be inconsistent with a preference previously expressed by the deceased.

- **For Public Health Activities** such as reporting or preventing disease outbreaks to a public health authority.
- **For Reporting Victims of Abuse, Neglect or Domestic Violence** to government authorities that are authorized by law to receive such information, including a social service or protective service agency.
- **For Health Oversight Activities** to a health oversight agency for activities authorized by law, such as licensure, governmental audits and fraud and abuse investigations.
- **For Judicial or Administrative Proceedings** such as in response to a court order, search warrant or subpoena.
- **For Law Enforcement Purposes.** We may disclose your health information to a law enforcement official for purposes such as providing limited information to locate a missing person or report a crime.
- **To Avoid a Serious Threat to Health or Safety** to you, another person, or the public, by, for example, disclosing information to public health agencies or law enforcement authorities, or in the event of an emergency or natural disaster.
- **For Specialized Government Functions** such as military and veteran activities, national security and intelligence activities, and the protective services for the President and others.
- **For Workers' Compensation** as authorized by, or to the extent necessary to comply with, state workers compensation laws that govern job-related injuries or illness.
- **For Research Purposes** such as research related to the evaluation of certain treatments or the prevention of disease or disability, if the research study meets federal privacy law requirements.
- **To Provide Information Regarding Decedents.** We may disclose information to a coroner or medical examiner to identify a deceased person, determine a cause of death, or as authorized by law. We may also disclose information to funeral directors as necessary to carry out their duties.
- **For Organ Procurement Purposes.** We may collect, use, and disclose information to entities that handle procurement, banking or transplantation of organs, eyes or tissue to facilitate donation and transplantation.
- **To Correctional Institutions or Law Enforcement Officials** if you are an inmate of a correctional institution or under the custody of a law enforcement official, but only if necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.
- **To Business Associates** that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. Our business

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associates are required, under contract with us and pursuant to federal law, to protect the privacy of your information and are not allowed to collect, use, and disclose any information other than as specified in our contract and as permitted by federal law.

- **Additional Restrictions on Use and Disclosure.** Certain federal and state laws may require special privacy protections that restrict the use and disclosure of certain health information, including highly confidential information about you. Such laws may protect the following types of information:

    1. Alcohol and Substance Abuse
    2. Biometric Information
    3. Child or Adult Abuse or Neglect, including Sexual Assault
    4. Communicable Diseases
    5. Genetic Information
    6. HIV/AIDS
    7. Mental Health
    8. Minors' Information
    9. Prescriptions
    10. Reproductive Health
    11. Sexually Transmitted Diseases

If a use or disclosure of health information described above in this notice is prohibited or materially limited by other laws that apply to us, it is our intent to meet the requirements of the more stringent law.

Except for uses and disclosures described and limited as set forth in this notice, we will use and disclose your health information only with a written authorization from you. This includes, except for limited circumstances allowed by federal privacy law, not using or disclosing psychotherapy notes about you, selling your health information to others, or using or disclosing your health information for certain promotional communications that are prohibited marketing communications under federal law, without your written authorization. Once you give us authorization to release your health information, we cannot guarantee that the recipient to whom the information is provided will not disclose the information. You may take back or "revoke" your written authorization at any time in writing, except if we have already acted based on your authorization. To find out where to mail your written authorization and how to revoke an authorization, contact the phone number listed on your health plan ID card.

What Are Your Rights

The following are your rights with respect to your health information:

- **You have the right to ask to restrict** uses or disclosures of your information for treatment, payment, or health care operations. You also have the right to ask to restrict disclosures to family members or to others who are involved in your health care or payment for your health care. We may also have policies on dependent access that

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authorize your dependents to request certain restrictions. **Please note that while we will try to honor your request and will permit requests consistent with our policies, we are not required to agree to any restriction.**

- **You have the right to ask to receive confidential communications** of information in a different manner or at a different place (for example, by sending information to a P.O. Box instead of your home address). We will accommodate reasonable requests where a disclosure of all or part of your health information otherwise could endanger you. In certain circumstances, we will accept your verbal request to receive confidential communications, however; we may also require you confirm your request in writing. In addition, any requests to modify or cancel a previous confidential communication request must be made in writing. Mail your request to the address listed below.
- **You have the right to see and obtain a copy** of certain health information we maintain about you such as claims and case or medical management records. If we maintain your health information electronically, you will have the right to request that we send a copy of your health information in an electronic format to you. You can also request that we provide a copy of your information to a third party that you identify. In some cases, you may receive a summary of this health information. You must make a written request to inspect and copy your health information or have your information sent to a third party. Mail your request to the address listed below. In certain limited circumstances, we may deny your request to inspect and copy your health information. If we deny your request, you may have the right to have the denial reviewed. We may charge a reasonable fee for any copies.
- **You have the right to ask to amend** certain health information we maintain about you such as claims and case or medical management records, if you believe the health information about you is wrong or incomplete. Your request must be in writing and provide the reasons for the requested amendment. Mail your request to the address listed below. If we deny your request, you may have a statement of your disagreement added to your health information.
- **You have the right to receive an accounting** of certain disclosures of your information made by us during the six years prior to your request. This accounting will not include disclosures of information made: (i) for treatment, payment, and health care operations purposes; (ii) to you or pursuant to your authorization; and (iii) to correctional institutions or law enforcement officials; and (iv) other disclosures for which federal law does not require us to provide an accounting.
- **You have the right to a paper copy of this notice.** You may ask for a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. If we maintain a website, we will post a copy of the revised notice on our website. You may also obtain a copy of this notice on your website, www.aarpmedicaresupplement.com.
- **You have the right to make a written request that we correct or amend** your personal information. Depending on your state of domicile, you may have the right to request deletion of your personal information. If we are unable to honor your request, we will notify you of our decision. If we deny your request, you have the

SAMPLE

right to submit to us a written statement of the reasons for your disagreement with our assessment of the disputed information and what you consider to be the correct information. We will make your statement accessible to parties reviewing the information in dispute.

Exercising Your Rights

- **Contacting your Health Plan.** If you have any questions about this notice or want information about exercising your rights, **please call the toll-free member phone number on your health plan ID card or you may contact a UnitedHealth Group Customer Call Center Representative at 1-800-523-5800 (TTY/RTT 711).**
- **Submitting a Written Request.** You can mail your written requests to exercise any of your rights, including modifying or cancelling a confidential communication, requesting copies of your records or requesting amendments to your record, to us at the following address:

  UnitedHealthcare Privacy Office
  MN017-E300
  P.O. Box 1459
  Minneapolis, MN 55440

- **Filing a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with us at the address listed above.

You may also notify the Secretary of the U.S. Department of Health and Human Services of your complaint. We will not take any action against you for filing a complaint.

[2]This Medical Information Notice of Privacy Practices applies to the following health plans that are affiliated with UnitedHealth Group: ACN Group of California, Inc.; All Savers Insurance Company; All Savers Life Insurance Company of California; AmeriChoice of New Jersey, Inc.; Arizona Physicians IPA, Inc.; Care Improvement Plus of Texas Insurance Company; Care Improvement Plus South Central Insurance Company; Care Improvement Plus Wisconsin Insurance Company; Dental Benefit Providers of California, Inc.; Dental Benefit Providers of Illinois, Inc.; Enterprise Life Insurance Company; Freedom Life Insurance Company of America; Golden Rule Insurance Company; Health Plan of Nevada, Inc.; MAMSI Life and Health Insurance Company; March Vision Care, Inc.; MD – Individual Practice Association, Inc.; Medica Health Plans of Florida, Inc.; Medica Healthcare Plans, Inc.; National Pacific Dental, Inc.; National Foundation Life Insurance Company; Neighborhood Health Partnership, Inc.; Nevada Pacific Dental; Optimum Choice, Inc.; Optum Insurance Company of Ohio, Inc.; Oxford Health Insurance, Inc.; Oxford Health Plans (CT), Inc.; Oxford Health Plans (NJ), Inc.; Oxford Health Plans (NY), Inc.; PacifiCare Life and Health Insurance Company; PacifiCare Life Assurance Company; PacifiCare of Arizona, Inc.; PacifiCare of Colorado, Inc.; PacifiCare of Nevada, Inc.; Peoples Health, Inc.; Physicians Health Choice of Texas, LLC; Preferred Care Partners, Inc.; Rocky Mountain Health Maintenance Organization, Incorporated; Sierra Health and Life Insurance Company, Inc.; UHC of California; U.S. Behavioral Health Plan, California; Unimerica Insurance Company; Unimerica Life Insurance Company of New York; Unison Health Plan of Delaware, Inc.; UnitedHealthcare Benefits of Texas, Inc.; UnitedHealthcare Community Plan of California, Inc.; UnitedHealthcare Community Plan of Georgia, Inc.; UnitedHealthcare Community Plan of Ohio, Inc.; UnitedHealthcare Community Plan, Inc.; UnitedHealthcare Community Plan of Texas, L.L.C.; UnitedHealthcare Insurance Company; UnitedHealthcare Insurance Company of America; UnitedHealthcare Insurance Company of Illinois; UnitedHealthcare Insurance Company of New York; UnitedHealthcare Insurance Company of the River Valley; UnitedHealthcare Integrated Services, Inc.; UnitedHealthcare Life Insurance Company; UnitedHealthcare of Alabama, Inc.; UnitedHealthcare of Arizona, Inc.; UnitedHealthcare of Arkansas, Inc.; UnitedHealthcare of Colorado, Inc.; UnitedHealthcare of Florida, Inc.; UnitedHealthcare of Georgia, Inc.; UnitedHealthcare of Illinois, Inc.; UnitedHealthcare of Kentucky, Ltd.; UnitedHealthcare of Louisiana, Inc.; United Healthcare of Mississippi, Inc.; UnitedHealthcare of New England, Inc.; UnitedHealthcare of New Mexico, Inc.; UnitedHealthcare of New York, Inc.; UnitedHealthcare of North Carolina, Inc.; UnitedHealthcare of Ohio, Inc.; UnitedHealthcare of Oklahoma, Inc.; UnitedHealthcare of Oregon, Inc.;

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UnitedHealthcare of Pennsylvania, Inc.; UnitedHealthcare of Texas, Inc.; UnitedHealthcare of the Mid-Atlantic, Inc.; UnitedHealthcare of the Midlands, Inc.; UnitedHealthcare of the Midwest, Inc.; UnitedHealthcare of the Rockies, Inc.; UnitedHealthcare of Utah, Inc.; UnitedHealthcare of Washington, Inc.; UnitedHealthcare of Wisconsin, Inc.; and UnitedHealthcare Plan of the River Valley, Inc. This list of health plans is complete as of the effective date of this notice. For a current list of health plans subject to this notice go to www.uhc.com/privacy/entities-fn-v1.

SAMPLE

Financial Information Privacy Notice

THIS NOTICE DESCRIBES HOW FINANCIAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED. PLEASE REVIEW IT CAREFULLY.

Effective January 1, 2022

We[3] are committed to maintaining the confidentiality of your personal financial information. For the purposes of this notice, "personal financial information" means information about an enrollee or an applicant for health care coverage that identifies the individual, is not generally publicly available, and is collected from the individual or is obtained in connection with providing health care coverage to the individual.

Information We Collect

Depending upon the product or service you have with us, we may collect personal financial information about you from the following sources:

- Information we receive from you on applications or other forms, such as name, address, age, medical information and Social Security number;
- Information about your transactions with us, our affiliates or others, such as premium payment and claims history; and
- Information from a consumer reporting agency.

Disclosure of Information

We do not disclose personal financial information about our enrollees or former enrollees to any third party, except as required or permitted by law. For example, in the course of our general business practices, we may, as permitted by law, disclose any of the personal financial information that we collect about you, without your authorization, to the following types of institutions:

- To our corporate affiliates, which include financial service providers, such as other insurers, and non-financial companies, such as data processors;
- To nonaffiliated companies for our everyday business purposes, such as to process your transactions, maintain your account(s), or respond to court orders and legal investigations; and
- To nonaffiliated companies that perform services for us, including sending promotional communications on our behalf.

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Confidentiality and Security

We maintain physical, electronic and procedural safeguards, in accordance with applicable state and federal standards, to protect your personal financial information against risks such as loss, destruction or misuse. These measures include computer safeguards, secured files and buildings, and restrictions on who may access your personal financial information.

Questions About this Notice

If you have any questions about this notice, please **call the toll-free member phone number on your health plan ID card or contact the UnitedHealth Group Customer Call Center at 1-800-523-5800 (TTY/RTT 711).**

[3] For purposes of this Financial Information Privacy Notice, "we" or "us" refers to the entities listed in footnote 1, beginning on page 9 of the Health Plan Notices of Privacy Practices, plus the following UnitedHealthcare affiliates: AmeriChoice Corporation; Dental Benefit Providers, Inc.; Ear Professional International Corporation; gethealthinsurance.com Agency, Inc.; Genoa Healthcare, LLC; Golden Outlook, Inc.; Level2 Health IPA, LLC; Level2 Health Management, LLC; Life Point Health, Inc.; Managed Physical Network, Inc.; Optum Care Networks, Inc.; Optum Global Solution (India) Private Limited; OptumHealth Care Solutions, LLC; OptumHealth Holdings, LLC; Optum Labs, LLC; Optum Networks of New Jersey, Inc.; Optum Women's and Children's Health, LLC; OrthoNet, LLC; OrthoNet West, LLC; OrthoNet of the South, Inc.; Oxford Benefit Management, Inc.; Oxford Health Plans LLC; Physician Alliance of the Rockies, LLC; POMCO Network, Inc.; POMCO, Inc.; Real Appeal, Inc.; Sanvello Health, Inc.; Spectera, Inc.; Three Rivers Holding, Inc.; UHIC Holdings, Inc.; UMR, Inc.; United Behavioral Health; United Behavioral Health of New York I.P.A., Inc.; UnitedHealthcare, Inc.; United HealthCare Services, Inc.; UnitedHealth Advisors, LLC; UnitedHealthcare Service LLC; Urgent Care MSO, LLC; USHEALTH Administrators, LLC; USHEALTH Group, Inc.; and Vivify Health, Inc. This Financial Information Privacy Notice only applies when required by law. Specifically, it does not apply to (1) health care insurance products offered in Nevada by Health Plan of Nevada, Inc. and Sierra Health and Life Insurance Company, Inc.; or (2) other UnitedHealth Group health plans in states that provide exceptions for HIPAA covered entities or health insurance products. This list of health plans is complete as of the effective date of this notice. For a current list of health plans subject to this notice go to www.uhc.com/privacy/entities-fn-v1.

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IMPORTANT INFORMATION REGARDING YOUR COVERAGE

IMPORTANT INFORMATION

The pre-existing condition limitation period has been eliminated from your Plan. **Please disregard the wording relating to this limitation in your Certificate. Be assured, it does not apply to you.** Your coverage will begin immediately for any covered stay or service, including those related to a pre-existing condition, provided that the stay or service begins on or after the effective date shown on your Certificate.

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ATTENTION MOVERS!

If you are moving, remember your insurance coverage moves with you!* Plan rates and discounts vary by location; your premium will be based on your new area of residence. The way premiums are determined may be different if you move to a new state. Just make sure to keep your plan(s) in force by paying the required monthly premium when due.

Call toll free at 1-800-523-5800 and speak to a customer service representative to report your upcoming move and find out about any change to your rate.

*While AARP Medicare Select Plans may not be available in every state, comparable AARP Medicare Supplement Plans are always available.

SA4342G

Please file this notice with your Certificate of Coverage

SATEMP B

IMPORTANT INFORMATION REGARDING CHANGES IN YOUR COVERAGE

If you make a change such as a coverage cancellation request or you move, the change will take effect the first day of the month following the date of your notification. Changes requiring completion of a new application (such as enrolling in an underwritten plan) become effective the first day of the month following the date your enrollment is accepted.

SA4147B

No Increas in Y ur Rate for Twelve (12) Months Guaranteed!

The rate you pay for your Medic re supplement plan is guaranteed for twelve (12) months from your effective date, provided your ress e ctive date doesn't change.

Should you have any questions, please f l free t contact a UnitedHealthcare customer service representative at **1-800-523-5800**, week ays f m 7 a.m. to 11 p.m. and Saturdays from 9 a.m. to 5 p.m., Eastern Time.

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How to file a claim: Enjoy the ease of our no-paperwork claim filing.

Taking care of your medical bills is easy with an AARP® Medicare Supplement Plan, from UnitedHealthcare.

Generally, when you receive medical care, your doctors and hospitals file Medicare claims for you. Then your AARP Medicare Supplement Plan pays your doctor directly if you've assigned the claim. Medicare sends an Explanation of Medicare Benefits (EOMB) to you and you'll also receive an Explanation of Benefits (EOB) from UnitedHealthcare.

Claim filing is easier than ever because at UnitedHealthcare, we use Automatic Claim Filing (ACF) for claims processed by your Medicare Part B carrier. That means when you see your doctor, your Medicare Part B claims are automatically sent to UnitedHealthcare.

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Here's how it works:

For Part B Eligible Expenses

1. Medicare sends you an Explanation of Medicare Benefits (EOMB), showing their Part B eligible expenses. **Do not** send these to UnitedHealthcare.

2. A message at the bottom of your EOMB tells you that your claim information was forwarded to your insurer.

3. UnitedHealthcare will send you an Explanation of Benefits to explain what action was taken on your claim.

If there's no message on your EOMB and the services are for outpatient hospital services billed from a facility and you've assigned the claim, the facility should submit the claim to UnitedHealthcare. If the claim is not submitted by the facility, mail your claim to UnitedHealthcare at the address to the right.

For Non-Part B Expenses

For claims other than those that are Part B eligible (for example, if you are in a hospital), the facility will generally send the claims to UnitedHealthcare. If not, please include your name, address, and insured membership number on all of the documents you're filing. You can find your membership number on your health insurance card and at the front of this package. Mail your claims to:

UnitedHealthcare
Claim Division
PO BOX 740819
Atlanta, GA 30374-0819

If you have any questions or need specific claim filing instructions, please call UnitedHealthcare toll-free at **1-800-523-5800** (para español:**1-800-822-0246), TTY 711**.

AARP established the AARP Insurance Plan, a trust, to hold the master group insurance policies. The plans are insured by UnitedHealthcare Insurance Company and affiliates (collectively "UnitedHealthcare"), not by AARP or its affiliates. Please contact UnitedHealthcare if you have questions about your policy, including any limitations and exclusions.

Premiums are collected from you by the Trust. These premiums are paid to the insurance company for your insurance coverage, a percentage is used to pay expenses, benefiting the insureds, and incurred by the Trust in connection with the insurance programs. At the direction of UnitedHealthcare, a portion of the premium is paid as a royalty to AARP and used for the general purposes of AARP. Income earned from the investment of premiums while on deposit with the Trust is paid to AARP and used for the general purposes of AARP.

Participants are issued certificates of insurance by UnitedHealthcare under the master group insurance policy. The benefits of participating in an insurance program carrying the AARP name are solely the right to receive the insurance coverage and ancillary services provided by the program.

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Understanding Your Explanation of Benefits (EOB)

What is an EOB?

When a claim is submitted because you've seen a provider such as a doctor or you've gone to the hospital, UnitedHealthcare mails you an EOB. It shows the health care services received and how these claims were considered under your plan.

If you are a new insured member or if claims haven't been submitted yet, you may not have received an EOB before. Generally, if you are receiving medical services, you will get an EOB about every 90 days. EOBs can also be reviewed electronically in your **myAARPMedicare.com** account (see Section 1 for details on online EOBs).

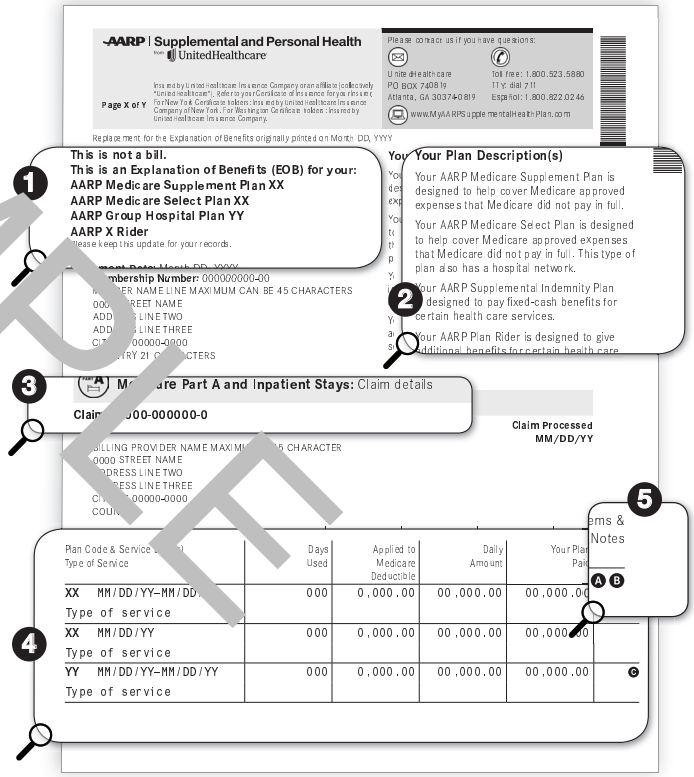
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Key parts of an EOB to know

1. **A summary** of your plan(s)
2. **A brief description** of the benefits your plan offers
3. **Sections** that organize your claims by category. Depending on your plan type and claims submitted, your EOB may have up to six sections:

- Medicare Part A and Inpatient Stays
- Medical Services
- Medicare Part B Services
- Prescription Drugs
- Inpatient/Outpatient Facility Services
- Important—Please Read

4. **Claim information tables** that show what your plan(s) paid. Although these tables differ from section to section, each shows the services you've received and the amount charged per service. You'll see what Medicare pays and what your plan(s) paid.
5. **An Items & Notes column** to help you relate comments to a specific charge or service.



What you should do with your EOB

- **Compare it to any recent medical statements you've received from Medicare, other insurers, or health care providers.** See if the amount billed and paid matches. Make sure your provider hasn't billed you and Medicare for the same service or the full amount. Know that UnitedHealthcare sometimes rolls up small charges into a single charge on the EOB.
- **File it with your other health paperwork**, in case you need to reference it later. Remember, you can also view EOBs online at **myAARPMedicare.com.**
- **Contact UnitedHealthcare Customer Service if you have questions.** Call **1-800-523-5800** (para español: **1-800-822-0246**). TTY users, call **711**.

Contact information and other helpful resources

Get the information you need to help you make the most of your plan and take charge of your health care. Below is a list of the numerous ways you can contact UnitedHealthcare and get information.

UnitedHealthcare Customer Service

For English-speaking representatives, please call 1-800-523-[illegible] TTY 711.

- Weekdays: 7 a.m. to [illegible] p.m., Eastern Time
- Saturday: 9 a.m. to 5 p.m., Eastern Time

Para español: 1-800-822-0246

- De lunes a viernes: 7 a.m. a 11 p.m., hora del este
- Los sábados: 9 a.m. a 5 p.m., hora del este

Log In to Your Plan Website

www.myAARPMedicare.com

Get plan benefit information and view claims, view and pay your monthly premiums online. You'll have access to a searchable wellness library, online learning courses, and more.

AARP Medicare Supplement Facebook Page

www.facebook.com/AARPMedicareSupplement/

For fun tips, teasers and informational tidbits.

Additional UnitedHealthcare and Other Resources

www.MedicareMadeClear.com

Get your Medicare questions answered by watching videos that explain it all in simple steps.

www.JustPlainClear.com/en

Thousands of health care terms defined in plain, clear language to help you make informed decisions.

www.AARPMedicareSupplement.com

Get information about other or new plan options, pricing and how to apply.

www.Medicare.gov

The official website for the U.S. government's Medicare program. This is the site where you can check which services are covered by Medicare.

www.AARP.org/health/medicare-insurance

AARP's Medicare Resource Center

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Hello Sample

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123 Any St
Any Town NJ 07960



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Questions? We are here to help.

Your Plan Website

myAARPMedicare.com

Sign up to view your plan documents, make payments online, track claims, and more

Chat live with UnitedHealthcare Customer Service

UnitedHealthcare Customer Service

Call 1-800-523-5800, TTY 711

Monday – Friday, 7 a.m. – 11 p.m., ET and Saturday, 9 a.m. – 5 p.m., ET.

Para español: **1-800-822-0246.**

This customized booklet includes your important plan information, including your Certificate of Insurance and other plan forms and documents. **Please read and file in a safe place.**

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