

# Your Guide to AARP Medicare Supplement Insurance Plans

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

## Eligibility to Apply

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To be eligible to apply, you must be an AARP member or spouse of a member, age 50 or older, enrolled in both Part A and Part B of Medicare, and not duplicating any Medicare supplement coverage. (If you are age 50-64 and eligible for Medicare by reason of disability or End-Stage Renal Disease, you are only eligible if you enroll within 6 months after enrolling in Medicare Part B, unless you are entitled to guaranteed issue of a Medicare supplement plan as shown under the following "Guaranteed Acceptance" section.) Regardless of when you enroll, you may only enroll in Plan A.

## Guaranteed Acceptance

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- Your **Medicare Supplement Open Enrollment Period** lasts for 6 months beginning with the first day of the month in which you are both age 65 or older and enrolled in Medicare Part B. (If your initial enrollment in Part B is before age 65, you have a second six-month Open Enrollment period beginning the month you turn 65.) During this time, your acceptance is guaranteed in any plan for which you're eligible for based on whether your 65th birthday or Medicare Part A Effective Date was before or after 1/1/2020.
- Also, you may have a guaranteed issue right to enroll in a Medicare supplement plan in certain situations. Some examples:
  - you have a specific type of health insurance coverage that changes in some way, such as a loss of the coverage, or
  - you enrolled with a "trial right" to try a Medicare Advantage Plan but change your mind and want to switch back to a Medicare supplement plan during the trial period.

If you received a notice from your employer or prior insurer saying you are eligible for guaranteed issue of a Medicare supplement plan, you may be guaranteed acceptance into one or more AARP Medicare Supplement Plans. **If you have a guaranteed issue right, you must provide a copy of the notice, disenrollment letter or other documentation you received AND your Application Form must be received no more than 63 days after the termination date of your prior coverage. The documentation should include the type of coverage being lost, the termination reason, the termination date and the name of the person(s) who lost or is losing coverage.**

If you have questions about guaranteed issue rights, please see *The Guide to Health Insurance for People with Medicare*, which can be found at [www.Medicare.gov/publications](http://www.Medicare.gov/publications). You may also want to contact the administrator of your prior health insurance plan or your local state department on aging. Additionally, the Health Information Counseling & Advocacy Program (HICAP) assists older Texans and Texans with disabilities by providing free information about health insurance and public benefits. To speak to a benefits counselor in your area, please call 1-800-252-9240.

## Exclusions

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- Benefits provided under Medicare.
- Benefits provided under a Medicare Advantage Plan.
- Care not meeting Medicare's standards.
- Injury or sickness payable by Workers' Compensation or similar laws.
- Benefits provided under another policy.
- Charges in excess of Medicare Eligible Expenses.
- Stays or treatment provided by a government-owned or -operated hospital or facility unless payment of charges is required by law.
- Stays, care, or visits for which no charge would be made to you in the absence of insurance.
- Expenses you incur during the first 6 months after your effective date will not be considered if due to a pre-existing condition. A pre-existing condition is a condition for which medical advice was given or treatment was recommended by or received from a physician within 6 months prior to your plan's effective date.

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

1. Individuals 65 years of age or older who are replacing prior creditable coverage within 63 days after termination; OR
2. Individuals whose application form is received prior to or during the 6-month period beginning with the first day of the month in which the individual is age 65 or older and enrolled in Medicare Part B; OR
3. Individuals who are entitled to Guaranteed Issue; OR
4. Individuals who are replacing a Medicare supplement or Medicare select plan.

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

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

## **You Cannot Be Singled Out for Cancellation**

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Your AARP Medicare Supplement Plan can never be canceled because of your age, your health, or the number of claims you make. Your AARP Medicare Supplement Plan may be canceled due to nonpayment of premium or material misrepresentation. You may keep your plan in force by paying the required premium when due. The required payment for your plan is subject to change. Any change will apply to all members of the same class insured under your plan who reside in your state. If the group policy terminates and is not replaced by another group policy providing the same type of coverage, you may convert your AARP Medicare Supplement Plan to an individual Medicare supplement policy issued by UnitedHealthcare. Of course, you may cancel your AARP Medicare Supplement Plan any time you wish. All transactions go into effect on the first of the month following receipt of the request.

## **The AARP Insurance Trust**

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

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, benefitting 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.

## **General Information**

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

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

If, after purchasing this policy, you become eligible for Medicaid, the benefits and premiums under your Medicare supplement policy can be suspended, if requested, during your entitlement to benefits under Medicaid for 24 months. You must request this suspension within 90 days of becoming eligible for Medicaid. If you are no longer entitled to Medicaid, your suspended Medicare supplement policy (or, if that is no longer available, a substantially equivalent policy) will be reinstated if requested within 90 days of losing Medicaid eligibility.

If you are eligible for, and have enrolled in a Medicare supplement policy by reason of disability and you later become covered by an employer or union-based group health plan, the benefits and premiums under your Medicare supplement policy can be suspended, if requested, while you are covered under the employer or union-based group health plan. If you suspend your Medicare supplement policy under these circumstances, and later lose your employer or union-based group health plan, your suspended Medicare supplement policy (or, if that is no longer available, a substantially equivalent policy) will be reinstated if requested within 90 days of losing your employer or union-based group health plan.

For Plans F and G that provide an Excess Charge Benefit, in Texas, the amount cannot exceed 15% over the Medicare approved amount or any other charge limitation established by the Medicare program or state law. Note that the limiting charge applies only to certain services and does not apply to some supplies and durable medical equipment.

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

The Policy Form No. GRP79171 GPS-1 (G-36000-4) is issued in the District of Columbia to the Trustees of the AARP Insurance Plan - Certificates of Insurance numbered MDA U001, MDF U002, MDG U003, MDN U004.

AARP Medicare Supplement Plans have been developed in line with federal standards.

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

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

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