Medicare Supplement Enrollment Kit

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

California

Enrollment materials are for June 1, 2026 - May 1, 2027 plan effective dates.
Edition date: 5/21/26.

AARP® Medicare Supplement from UnitedHealthcare®

BC10064ST

There for you now, and in the future.

Like many on Medicare, you may be looking for additional benefits to help pay for some of the out-of-pocket medical expenses not covered. Medicare Supplement insurance plans offer standardized benefits to help keep you covered. With an AARP® Medicare Supplement Insurance Plan, insured by UnitedHealthcare Insurance Company (UnitedHealthcare), you may enjoy:

Experience

- ✓ UnitedHealthcare has been serving the health care needs of people like you for more than 50 years.[1]
- ✓ More people choose UnitedHealthcare for their Medicare Supplement insurance coverage than any other company, making us the #1 insurer of Medicare Supplement plans in the nation.[2]

Freedom

- ✓ Visit any doctor, any specialist, and any hospital that accepts Medicare patients.
- ✓ Use your plan when traveling anywhere in the U.S., and for some plans, medical emergencies abroad.

Stability

- ✓ Guaranteed coverage for life.*
- ✓ Predictable out-of-pocket costs.
- ✓ 93% of surveyed members would continue with their AARP Medicare Supplement Plan.[3]

And that's not all -- UnitedHealthcare is committed to offering quality service; 94% of surveyed members are satisfied with their AARP Medicare Supplement Plan.[3]

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

UnitedHealthcare would be honored to serve your health insurance needs – now, and for years to come.

AARP® | Medicare Supplement
from UnitedHealthcare®
UnitedHealthcare Insurance Company (UnitedHealthcare)

Important Notice: You are entitled to receive a "Guide to Health Insurance for People with Medicare." This guide is free and briefly describes the Medicare program and the health insurance available to those on Medicare. If you are interested in receiving this free guide, please call 1-800-272-2146, toll-free, or find it on the web at www.medsupeducation.com.

*As long as you pay your premiums when due and you do not make any material misrepresentation when you apply for this plan.

[1] From a report prepared for UnitedHealthcare by Human8, "Substantiation of Advertising Claims Concerning AARP Medicare Supplement Insurance Plans and UnitedHealthcare Medicare Advantage Plans (Non-SNP, D-SNP, and C-SNP) Report," August 2025, www.uhcmedsupstats.com or call 1-800-523-5800 to request a copy of the full report.

[2] From a report prepared for UnitedHealthcare by Mark Farrah Associates, "December 2024 Medigap Enrollment & Market Share," May 2025, www.uhcmedsupstats.com or call 1-800-523-5800 to request a copy of the full report.

[3] From a report prepared for UnitedHealthcare by Human8, "2025 Medicare Supplement Insurance Plan Satisfaction Posted Questionnaire," May 2025, www.uhcmedsupstats.com or call 1-800-523-5800 to request a copy of the full report.

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

You must be an AARP member to enroll in an AARP Medicare Supplement Plan (you can join AARP for just $20.00 a year).

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

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

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

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

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

Gym Membership, Discounts, and More

For plans effective January 1, 2026 and later

Once you're enrolled in an AARP® Medicare Supplement Insurance Plan from UnitedHealthcare Insurance Company (UnitedHealthcare), you'll get insured member wellness extra discounts and services.

Gym Membership

Renew Active® is a fitness program for body and mind. Renew Active is focused on helping the Medicare population maintain functional mobility and cognitive health through:

- A gym membership at no additional cost to you.
- Access to a large network of national gyms and fitness locations with a wide variety of fitness classes.
- Access to thousands of on-demand workout videos and live streaming fitness classes.
- An online program offering content about brain health with exclusive content for Renew Active members, from AARP® Staying Sharp®.

Dental Discount

UHC Dental provides access to over 50,000+ in-Network providers. Discount amounts will vary, but overall average is 41% from usual, customary, and reasonable coverage. Cosmetic dental procedures are included, discounts available on a range of dental services, including cleanings, exams, fillings, crowns, veneers, implants, and teeth whitening.

Vision Discount

Enjoy exclusive discounts on vision services, including exams, contact lenses, and eyewear, from various providers.

Brain Health

AARP® Staying Sharp® is an online program focused on brain health and overall health and wellness. It's packed with exclusive content for Renew Active members and helps you build healthier habits based on the six pillars of brain health.

24/7 Nurse line

A registered nurse is available to discuss your concerns and answer questions over the phone anytime, day or night. Interpretation services are available in Spanish, as well as in 140+ languages. Nurses are also available to help guide you to community resources. These resources may help provide assistance on transportation services, understanding medication cost options, and availability of meal delivery services.

Hearing Discount

As an AARP Medicare Supplement plan member, you receive an exclusive discount on hearing aids and care. AARP® Hearing Solutions provided by UnitedHealthcare Hearing includes:

- Additional $100 off per name-brand prescription hearing aid on top of the already discounted AARP member rate – meaning $200 off per pair.
- No-cost hearing exam and consultation and expert support from UnitedHealthcare Hearing's nationwide network of experienced hearing providers near you.
- Access to a selection of extended support packages to tailor your care experience to your needs.
- Access to Relate® prescription hearing aids, UnitedHealthcare Hearing's private-label brand, for an affordable, high-quality option with a variety of technology options and helpful features.

AARP® | Medicare Supplement from UnitedHealthcare®

These offers are available at no additional cost to you and are only available to insured members covered under an AARP Medicare Supplement Plan from UnitedHealthcare Insurance Company. These are additional insured member services apart from the AARP Medicare Supplement Plan benefits, are NOT INSURANCE PROGRAMS, are subject to geographical availability and may be discontinued at any time. Certain offerings are provided by third parties not affiliated with UnitedHealthcare Insurance Company. None of these services are a substitute for the advice of a doctor or should be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room.

Renew Active Fitness Program
Participation in the Renew Active® program is voluntary. Renew Active includes standard fitness membership and other offerings. Fitness membership equipment, classes, personalized fitness plans, caregiver access and events may vary by location. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. The Renew Active program varies by plan/area. Gym network may vary in local market.

Dental Discount
Savings will vary by provider and zip code. The discounts are available through UnitedHealthcare network providers only. You will receive the discount from the provider's usual and customary fees when you pay. Discounts are only available when services are received from In-Network Providers contracted with the Dental Discount Plan. You must pay for the services rendered to you at the time it's provided. We encourage you to check with your provider prior to beginning treatment.

THIS PLAN IS NOT INSURANCE and is not intended to replace dental insurance. The Plan is not a Qualified Health Plan under the Affordable Care Act. The Plan provides discounts at certain dental offices for dental services. The range of discounts will vary depending on the type of provider and service. The Plan does not make payments directly to the providers of dental services. Plan Members are solely obligated to pay for all dental care services but will receive a discount from those providers who have contracted with Dental Benefit Providers, Inc. 10175 Patuxent Parkway Columbia, MD 21044.

Vision Discounts
Visionworks
Present this offer in store to receive $250 off a complete pair of glasses with single vision lenses, or $300 off with multifocal lenses – subject to a minimum purchase of $400 for single vision lenses and a minimum purchase of $500 for multifocal lenses (calculated before the discount). A complete pair of glasses is required. Valid doctor's prescription required. Eye exam cost is not included. Non-transferable. No cash value. Offer expires on 12/31/26.

UHC Vision
Discounts offered are only available at the participating providers listed. Discounts are dependent on member showing their UnitedHealthcare AARP Medicare Supplement card or using their assigned promotional code. Discounts are good for the 2026 plan year only. Discounts are only for the enrolled member(s) in the discount plan and promotional codes should not be shared. Discounts are available for enrolled members once per plan year.

These discounts cannot be combined with any other discounts, promotions, coupons, or vision care plans unless noted herein. All decisions about medications and vision care are between the member and their health care provider. Offer valid only at participating providers. Eye exam discount applies only to comprehensive eye exams and does not include contact lens exams or fitting. Contact lens purchase requires valid contact lens prescription. Offer expires 12/31/2026.

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

Nurse line
The information provided through these services is for informational purposes only. Your health information is kept confidential in accordance with applicable law. This is not a substitute for your doctor's care. Nurses and other representatives from these services cannot diagnose problems or recommend treatment. All decisions about medications, vision care, hearing care, health and wellness care or other care is between you and your health care provider. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine.

AARP Hearing Solutions provided by UnitedHealthcare Hearing
The additional $100 off discount only applies to name-brand hearing aid purchases.

One complimentary hearing test is only available from UnitedHealthcare Hearing providers, for purposes of determining hearing aid candidacy. These discounts cannot be combined with any other discounts, promotions, coupons or hearing aid benefit plans unless noted herein. Products or services that are reimbursable by federal programs including Medicare and Medicaid are not available on a discounted or complimentary basis. AARP commercial member benefits are provided by third parties, not by AARP or its affiliates. UnitedHealthcare Hearing pays a royalty fee to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. Some UnitedHealthcare Hearing offers are subject to change and may have restrictions.

Please contact UnitedHealthcare Hearing directly for details 1-877-449-6784.

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

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

AARP Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company, 185 Asylum Street, Hartford, CT 06103-3408. Policy Form No. GRP 79171 GPS-1 (G-36000-4).

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

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

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

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

Bright Ways To Save

These discounts can add up to valuable savings on an AARP® Medicare Supplement Insurance Plan, insured by UnitedHealthcare Insurance Company (UnitedHealthcare).

SAVE $300 in your first year with a New to Medicare Discount

You can save an additional $25 per month in your first year on Plan G when you're new to Medicare.*

SAVE up to 36% with the Enrollment Discount

Reward yourself by enrolling early.

SAVE 7% with the Multi-Insured Discount

You can take 7% off your monthly premiums if two insureds on one account are enrolled under the same AARP membership number and each is insured under an eligible AARP-branded supplemental insurance policy insured by UnitedHealthcare Insurance Company.

TAKE $24 OFF with Electronic Funds Transfer

You'll save $2.00 off your total monthly premium, or $24 per year, when you use the convenient and easy payment option, Electronic Funds Transfer (EFT). Your monthly payments are automatically forwarded by your bank, which means no checks to write and no postage to pay.

SAVE $24 per year with the Annual Payer Discount

Take $24 off your total premium when you pay your entire 12-month premium.

Note: Electronic Funds Transfer (EFT) discount and Annual Payer discount cannot be combined.

LOCK In Your Premium with the Rate Guarantee

Your rate is guaranteed for 12 months from your initial plan effective date. Insured members will not receive an additional rate guarantee when changing from one AARP Medicare Supplement Plan to another.

Contact your licensed insurance agent/producer to get your personalized rate quote.

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*$25 per month savings for the first 12 months for new Plan G applicants with an effective date of September 1, 2023 or later. Must reside in California, with a policy effective date within six months of your 65th birthday or Medicare Part B effective date, if later, and not currently enrolled in an AARP Medicare Supplement Plan from UnitedHealthcare.

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

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

Plans may be available to persons under age 65 who are eligible for Medicare by reason of disability.

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Outline of Coverage | UnitedHealthcare Insurance Company

Overview of Available Plans

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

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

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

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

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

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

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

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

How the Enrollment Discount Works.

1 To be eligible for enrollment discounts on an AARP® Medicare Supplement Insurance Plan, insured by UnitedHealthcare Insurance Company (UnitedHealthcare), you need to meet the below requirements on your plan effective date:

- You must be:
  - age 65 to 74, or
  - age 75 to 76 with a plan effective date that's within 10 years of your Medicare Part B effective date.

  and
- You must not have any of the medical conditions listed on the application (unless you're within 6 months of your Medicare Part B effective date or in a guaranteed issue situation where medical questions don't apply).

2 Your age on your plan effective date in your 1st year of coverage determines the discount you get in your 1st year of coverage.

3 The discount decreases 3% each year on the anniversary date of your plan, until the discount wears off at age 77. It's nice to know you still pay less than the Standard Rate through age 76.

Age on Plan Effective Date	Starting Discount
65	36%
66	33%
67	30%
68	27%
69	24%
70	21%
71	18%
72	15%
73	12%
74	9%
75	6%
76	3%
77	0%

AARP® | Medicare Supplement from UnitedHealthcare®

UnitedHealthcare Insurance Company (UnitedHealthcare)

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

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

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

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

Cover Page - Rates
Non-Tobacco Monthly Plan Rates
for California - Area 1

AARP® Medicare Supplement Insurance Plans
insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants							Medicare first eligible before 2020 only[3]	
Group 1	Applies to individuals whose plan effective date will be within ten years following their 65th birthday or Medicare Part B effective date, if later.							
Age[1]	**Plan A**	**Plan B**	**Plan G**	**Plan K**	**Plan L**	**Plan N**	**Plan C[3]**	**Plan F[3]**
	Standard Rates with Enrollment Discount[2] for individuals ages 65-76							
65	$177.76	$248.32	$235.04	$93.28	$164.96	$199.36	$299.36	$300.96
66	$186.09	$259.96	$246.05	$97.65	$172.69	$208.70	$313.39	$315.06
67	$194.42	$271.60	$257.07	$102.02	$180.42	$218.05	$327.42	$329.17
68	$202.75	$283.24	$268.09	$106.39	$188.15	$227.39	$341.45	$343.28
69	$211.09	$294.88	$279.11	$110.77	$195.89	$236.74	$355.49	$357.39
70	$219.42	$306.52	$290.12	$115.14	$203.62	$246.08	$369.52	$371.49
71	$227.75	$318.16	$301.14	$119.51	$211.35	$255.43	$383.55	$385.60
72	$236.08	$329.80	$312.16	$123.88	$219.08	$264.77	$397.58	$399.71
73	$244.42	$341.44	$323.18	$128.26	$226.82	$274.12	$411.62	$413.82
74	$252.75	$353.08	$334.19	$132.63	$234.55	$283.46	$425.65	$427.92
75	$261.08	$364.72	$345.21	$137.00	$242.28	$292.81	$439.68	$442.03
76	$269.41	$376.36	$356.23	$141.37	$250.01	$302.15	$453.71	$456.14
	Standard Rates for individuals ages 77 and older							
77+	$277.75	$388.00	$367.25	$145.75	$257.75	$311.50	$467.75	$470.25

Group 2	Applies to individuals whose plan effective date will be ten or more years following their 65th birthday or Medicare Part B effective date, if later.							
Age[1]	**Plan A**	**Plan B**	**Plan G**	**Plan K**	**Plan L**	**Plan N**	**Plan C[3]**	**Plan F[3]**
	Level 2 Rates							
75+	$347.18	$485.00	$459.06	$182.18	$322.18	$389.37	$584.68	$587.81

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

Cover Page - Rates
Tobacco Monthly Plan Rates
for California - Area 1

AARP® Medicare Supplement Insurance Plans
insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants							Medicare first eligible before 2020 only[3]	
Group 1	Applies to individuals whose plan effective date will be within ten years following their 65th birthday or Medicare Part B effective date, if later.							
Age[1]	**Plan A**	**Plan B**	**Plan G**	**Plan K**	**Plan L**	**Plan N**	**Plan C[3]**	**Plan F[3]**
	Standard Rates with Enrollment Discount[2] for individuals ages 65-76							
65	$195.53	$273.15	$258.54	$102.60	$181.45	$219.29	$329.29	$331.05
66	$204.69	$285.95	$270.65	$107.41	$189.95	$229.57	$344.72	$346.57
67	$213.86	$298.76	$282.77	$112.22	$198.46	$239.85	$360.16	$362.08
68	$223.02	$311.56	$294.89	$117.03	$206.96	$250.13	$375.59	$377.60
69	$232.19	$324.36	$307.01	$121.84	$215.47	$260.41	$391.03	$393.12
70	$241.36	$337.17	$319.13	$126.65	$223.98	$270.69	$406.47	$408.64
71	$250.52	$349.97	$331.25	$131.46	$232.48	$280.97	$421.90	$424.16
72	$259.69	$362.78	$343.37	$136.27	$240.99	$291.25	$437.34	$439.67
73	$268.85	$375.58	$355.49	$141.08	$249.49	$301.53	$452.77	$455.19
74	$278.02	$388.38	$367.61	$145.89	$258.00	$311.81	$468.21	$470.71
75	$287.18	$401.19	$379.73	$150.70	$266.50	$322.09	$483.64	$486.23
76	$296.35	$413.99	$391.85	$155.51	$275.01	$332.37	$499.08	$501.75
	Standard Rates for individuals ages 77 and older							
77+	$305.52	$426.80	$403.97	$160.32	$283.52	$342.65	$514.52	$517.27

Group 2	Applies to individuals whose plan effective date will be ten or more years following their 65th birthday or Medicare Part B effective date, if later.							
Age[1]	**Plan A**	**Plan B**	**Plan G**	**Plan K**	**Plan L**	**Plan N**	**Plan C[3]**	**Plan F[3]**
	Level 2 Rates							
75+	$381.90	$533.50	$504.96	$200.40	$354.40	$428.31	$643.15	$646.58

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

Cover Page - Rates
Under 65 Monthly Plan Rates
for California - Area 1

AARP® Medicare Supplement Insurance Plans
insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants							Medicare first eligible before 2020 only[3]	
Group 3	Applies to individuals age 50-64 who are eligible for Medicare.							
Age[1]	**Plan A**	**Plan B**	**Plan G[4]**	**Plan K**	**Plan L**	**Plan N**	**Plan C[3]**	**Plan F[3]**
	Non-Tobacco Rates							
50-64	$347.17	$484.99	$459.05	$182.17	N/A	N/A	$584.67	$587.80
	Tobacco Rates							
50-64	$381.88	$533.48	$504.95	$200.38	N/A	N/A	$643.13	$646.58

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

1 Your age as of your plan effective date.

2 The **Enrollment Discount** is available to applicants age 65 to 76. You may qualify for an Enrollment Discount based on your age and your Medicare Part B effective date. If you are eligible, the discounted rates will be shown.

Who is eligible
You are eligible for the enrollment discount if you are between the ages of 65 and 76 and your plan effective date is within ten years following your 65th birthday or Medicare Part B effective date.

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

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

4 **NOTE (for individuals age 50-64 who are eligible for Medicare): Plan G is only available to eligible Applicants with a Medicare Part A effective date on or after 1/1/2020.**

CALIFORNIA Area 1 ZIP Codes

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

90000	90045	90091	90263	90410	90670	90813	91051	91205	91345	91410	91611
90001	90046	90093	90264	90411	90671	90814	91052	91206	91346	91411	91612
90002	90047	90094	90265	90500	90680	90815	91066	91207	91350	91412	91614
90003	90048	90095	90266	90501	90701	90822	91077	91208	91351	91413	91615
90004	90049	90096	90267	90502	90702	90831	91100	91209	91352	91416	91616
90005	90050	90097	90270	90503	90703	90832	91101	91210	91353	91423	91617
90006	90051	90099	90272	90504	90704	90833	91102	91214	91354	91426	91618
90007	90052	90101	90274	90505	90706	90834	91103	91221	91355	91436	91702
90008	90053	90102	90275	90506	90707	90835	91104	91222	91356	91450	91706
90009	90054	90103	90277	90507	90710	90840	91105	91224	91357	91461	91711
90010	90055	90134	90278	90508	90711	90842	91106	91225	91363	91462	91714
90011	90056	90174	90280	90509	90712	90844	91107	91226	91364	91463	91715
90012	90057	90185	90290	90510	90713	90845	91108	91301	91365	91470	91716
90013	90058	90189	90291	90601	90714	90846	91109	91302	91367	91482	91722
90014	90059	90201	90292	90602	90715	90847	91110	91303	91370	91494	91723
90015	90060	90202	90293	90603	90716	90848	91114	91304	91371	91495	91724
90016	90061	90209	90294	90604	90717	90853	91115	91305	91372	91496	91731
90017	90062	90210	90295	90605	90720	90888	91116	91306	91375	91497	91732
90018	90063	90211	90296	90606	90721	90895	91117	91307	91376	91499	91733
90019	90064	90212	90300	90607	90723	90899	91118	91308	91380	91500	91734
90020	90065	90213	90301	90608	90731	91001	91121	91309	91381	91501	91735
90021	90066	90220	90302	90609	90732	91002	91122	91310	91382	91502	91740
90022	90067	90221	90303	90610	90733	91003	91123	91311	91383	91503	91741
90023	90068	90222	90304	90612	90734	91006	91124	91312	91384	91504	91744
90024	90069	90223	90305	90620	90740	91007	91125	91313	91385	91505	91745
90025	90070	90224	90306	90621	90742	91008	91126	91316	91386	91506	91746
90026	90071	90230	90307	90622	90743	91009	91127	91321	91387	91507	91747
90027	90072	90231	90308	90623	90744	91010	91128	91322	91388	91508	91748
90028	90073	90232	90309	90624	90745	91011	91129	91324	91390	91510	91749
90029	90074	90233	90310	90630	90746	91012	91131	91325	91392	91520	91750
90030	90075	90239	90311	90631	90747	91016	91175	91326	91393	91521	91754
90031	90076	90240	90312	90632	90748	91017	91182	91327	91394	91522	91755
90032	90077	90241	90313	90633	90749	91020	91184	91328	91395	91523	91756
90033	90078	90242	90397	90637	90755	91021	91185	91329	91396	91526	91759
90034	90079	90245	90398	90638	90800	91023	91186	91330	91399	91600	91765
90035	90080	90247	90400	90639	90801	91024	91187	91331	91400	91601	91766
90036	90081	90248	90401	90640	90802	91025	91188	91333	91401	91602	91767
90037	90082	90249	90402	90650	90803	91030	91189	91334	91402	91603	91768
90038	90083	90250	90403	90651	90804	91031	91191	91335	91403	91604	91769
90039	90084	90251	90404	90652	90805	91040	91199	91337	91404	91605	91770
90040	90086	90254	90405	90659	90806	91041	91200	91340	91405	91606	91771
90041	90087	90255	90406	90660	90807	91042	91201	91341	91406	91607	91772
90042	90088	90260	90407	90661	90808	91043	91202	91342	91407	91608	91773
90043	90089	90261	90408	90662	90809	91046	91203	91343	91408	91609	91775
90044	90090	90262	90409	90665	90810	91050	91204	91344	91409	91610	91776

CALIFORNIA Area 1 ZIP Codes CONTINUED

91778	92627	92674	92735	92859
91780	92628	92675	92780	92861
91788	92629	92676	92781	92862
91789	92630	92677	92782	92863
91790	92631	92678	92799	92864
91791	92632	92679	92800	92865
91792	92633	92680	92801	92866
91793	92634	92681	92802	92867
91795	92635	92683	92803	92868
91797	92637	92684	92804	92869
91799	92640	92685	92805	92870
91800	92641	92686	92806	92871
91801	92642	92687	92807	92885
91802	92643	92688	92808	92886
91803	92644	92690	92809	92887
91804	92645	92691	92811	92899
91841	92646	92692	92812	93510
91896	92647	92693	92814	93532
91899	92648	92694	92815	93534
92601	92649	92697	92816	93535
92602	92650	92698	92817	93536
92603	92651	92701	92821	93539
92604	92652	92702	92822	93543
92605	92653	92703	92823	93544
92606	92654	92704	92825	93550
92607	92655	92705	92831	93551
92609	92656	92706	92832	93552
92610	92657	92707	92833	93553
92612	92658	92708	92834	93563
92613	92659	92709	92835	93584
92614	92660	92710	92836	93586
92615	92661	92711	92837	93590
92616	92662	92712	92838	93591
92617	92663	92713	92840	93599
92618	92664	92714	92841	
92619	92665	92715	92842	
92620	92666	92716	92843	
92621	92667	92717	92844	
92622	92668	92718	92845	
92623	92669	92720	92846	
92624	92670	92725	92850	
92625	92672	92728	92856	
92626	92673	92730	92857	

Cover Page - Rates
Non-Tobacco Monthly Plan Rates
for California - Area 2

AARP® Medicare Supplement Insurance Plans
insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants							Medicare first eligible before 2020 only[3]	
Group 1	Applies to individuals whose plan effective date will be within ten years following their 65th birthday or Medicare Part B effective date, if later.							
Age[1]	**Plan A**	**Plan B**	**Plan G**	**Plan K**	**Plan L**	**Plan N**	**Plan C[3]**	**Plan F[3]**
	Standard Rates with Enrollment Discount[2] for individuals ages 65-76							
65	$190.88	$266.56	$252.32	$100.00	$177.12	$213.92	$321.28	$323.04
66	$199.82	$279.05	$264.14	$104.68	$185.42	$223.94	$336.34	$338.18
67	$208.77	$291.55	$275.97	$109.37	$193.72	$233.97	$351.40	$353.32
68	$217.72	$304.04	$287.80	$114.06	$202.02	$244.00	$366.46	$368.46
69	$226.67	$316.54	$299.63	$118.75	$210.33	$254.03	$381.52	$383.61
70	$235.61	$329.03	$311.45	$123.43	$218.63	$264.05	$396.58	$398.75
71	$244.56	$341.53	$323.28	$128.12	$226.93	$274.08	$411.64	$413.89
72	$253.51	$354.02	$335.11	$132.81	$235.23	$284.11	$426.70	$429.03
73	$262.46	$366.52	$346.94	$137.50	$243.54	$294.14	$441.76	$444.18
74	$271.40	$379.01	$358.76	$142.18	$251.84	$304.16	$456.82	$459.32
75	$280.35	$391.51	$370.59	$146.87	$260.14	$314.19	$471.88	$474.46
76	$289.30	$404.00	$382.42	$151.56	$268.44	$324.22	$486.94	$489.60
	Standard Rates for individuals ages 77 and older							
77+	$298.25	$416.50	$394.25	$156.25	$276.75	$334.25	$502.00	$504.75

Group 2	Applies to individuals whose plan effective date will be ten or more years following their 65th birthday or Medicare Part B effective date, if later.							
Age[1]	**Plan A**	**Plan B**	**Plan G**	**Plan K**	**Plan L**	**Plan N**	**Plan C[3]**	**Plan F[3]**
	Level 2 Rates							
75+	$372.81	$520.62	$492.81	$195.31	$345.93	$417.81	$627.50	$630.93

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

Cover Page - Rates
Tobacco Monthly Plan Rates
for California - Area 2

AARP® Medicare Supplement Insurance Plans
insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants							Medicare first eligible before 2020 only[3]	
Group 1	Applies to individuals whose plan effective date will be within ten years following their 65th birthday or Medicare Part B effective date, if later.							
Age[1]	**Plan A**	**Plan B**	**Plan G**	**Plan K**	**Plan L**	**Plan N**	**Plan C[3]**	**Plan F[3]**
	Standard Rates with Enrollment Discount[2] for individuals ages 65-76							
65	$209.96	$293.21	$277.54	$109.99	$194.82	$235.30	$353.40	$355.34
66	$219.80	$306.96	$290.55	$115.15	$203.96	$246.33	$369.97	$371.99
67	$229.64	$320.70	$303.56	$120.30	$213.09	$257.36	$386.54	$388.65
68	$239.49	$334.44	$316.57	$125.46	$222.22	$268.39	$403.10	$405.31
69	$249.33	$348.19	$329.58	$130.62	$231.35	$279.42	$419.67	$421.96
70	$259.17	$361.93	$342.59	$135.77	$240.49	$290.45	$436.23	$438.62
71	$269.01	$375.68	$355.60	$140.93	$249.62	$301.48	$452.80	$455.28
72	$278.85	$389.42	$368.61	$146.08	$258.75	$312.51	$469.37	$471.93
73	$288.70	$403.17	$381.62	$151.24	$267.88	$323.54	$485.93	$488.59
74	$298.54	$416.91	$394.63	$156.40	$277.02	$334.57	$502.50	$505.25
75	$308.38	$430.66	$407.64	$161.55	$286.15	$345.60	$519.06	$521.90
76	$318.22	$444.40	$420.65	$166.71	$295.28	$356.63	$535.63	$538.56
	Standard Rates for individuals ages 77 and older							
77+	$328.07	$458.15	$433.67	$171.87	$304.42	$367.67	$552.20	$555.22

Group 2	Applies to individuals whose plan effective date will be ten or more years following their 65th birthday or Medicare Part B effective date, if later.							
Age[1]	**Plan A**	**Plan B**	**Plan G**	**Plan K**	**Plan L**	**Plan N**	**Plan C[3]**	**Plan F[3]**
	Level 2 Rates							
75+	$410.08	$572.68	$542.08	$214.83	$380.52	$459.58	$690.25	$694.02

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

Cover Page - Rates
Under 65 Monthly Plan Rates
for California - Area 2

AARP® Medicare Supplement Insurance Plans
insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants							Medicare first eligible before 2020 only[3]	
Group 3	Applies to individuals age 50-64 who are eligible for Medicare.							
Age[1]	**Plan A**	**Plan B**	**Plan G[4]**	**Plan K**	**Plan L**	**Plan N**	**Plan C[3]**	**Plan F[3]**
	Non-Tobacco Rates							
50-64	$372.80	$520.61	$492.80	$195.30	N/A	N/A	$627.49	$630.92
	Tobacco Rates							
50-64	$410.08	$572.67	$542.08	$214.83	N/A	N/A	$690.23	$694.01

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

1 Your age as of your plan effective date.

2 The **Enrollment Discount** is available to applicants age 65 to 76. You may qualify for an Enrollment Discount based on your age and your Medicare Part B effective date. If you are eligible, the discounted rates will be shown.

Who is eligible
You are eligible for the enrollment discount if you are between the ages of 65 and 76 and your plan effective date is within ten years following your 65th birthday or Medicare Part B effective date.

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

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

4 **NOTE (for individuals age 50-64 who are eligible for Medicare): Plan G is only available to eligible Applicants with a Medicare Part A effective date on or after 1/1/2020.**

CALIFORNIA Area 2 ZIP Codes

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

91319	92276	92564	93022
91320	92282	92567	93023
91358	92292	92570	93024
91359	92320	92571	93030
91360	92501	92572	93031
91361	92502	92581	93032
91362	92503	92582	93033
91377	92504	92583	93034
91718	92505	92584	93035
91719	92506	92585	93036
91720	92507	92586	93040
91752	92508	92587	93041
91760	92509	92589	93042
92201	92513	92590	93043
92202	92514	92591	93044
92203	92515	92592	93060
92210	92516	92593	93061
92211	92517	92595	93062
92220	92518	92596	93063
92223	92519	92599	93064
92225	92521	92860	93065
92226	92522	92877	93066
92230	92530	92878	93093
92234	92531	92879	93094
92235	92532	92880	93097
92236	92536	92881	93099
92239	92539	92882	
92240	92543	92883	
92241	92544	93001	
92247	92545	93002	
92248	92546	93003	
92253	92548	93004	
92254	92549	93005	
92255	92551	93006	
92258	92552	93007	
92260	92553	93009	
92261	92554	93010	
92262	92555	93011	
92263	92556	93012	
92264	92557	93015	
92270	92561	93016	
92272	92562	93020	
92274	92563	93021	

Cover Page - Rates
Non-Tobacco Monthly Plan Rates
for California - Area 3

AARP® Medicare Supplement Insurance Plans
insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants							Medicare first eligible before 2020 only[3]	
Group 1	Applies to individuals whose plan effective date will be within ten years following their 65th birthday or Medicare Part B effective date, if later.							
Age[1]	**Plan A**	**Plan B**	**Plan G**	**Plan K**	**Plan L**	**Plan N**	**Plan C[3]**	**Plan F[3]**
	Standard Rates with Enrollment Discount[2] for individuals ages 65-76							
65	$170.24	$237.76	$225.12	$89.28	$157.92	$190.88	$286.72	$288.16
66	$178.22	$248.90	$235.67	$93.46	$165.32	$199.82	$300.16	$301.66
67	$186.20	$260.05	$246.22	$97.65	$172.72	$208.77	$313.60	$315.17
68	$194.18	$271.19	$256.77	$101.83	$180.12	$217.72	$327.04	$328.68
69	$202.16	$282.34	$267.33	$106.02	$187.53	$226.67	$340.48	$342.19
70	$210.14	$293.48	$277.88	$110.20	$194.93	$235.61	$353.92	$355.69
71	$218.12	$304.63	$288.43	$114.39	$202.33	$244.56	$367.36	$369.20
72	$226.10	$315.77	$298.98	$118.57	$209.73	$253.51	$380.80	$382.71
73	$234.08	$326.92	$309.54	$122.76	$217.14	$262.46	$394.24	$396.22
74	$242.06	$338.06	$320.09	$126.94	$224.54	$271.40	$407.68	$409.72
75	$250.04	$349.21	$330.64	$131.13	$231.94	$280.35	$421.12	$423.23
76	$258.02	$360.35	$341.19	$135.31	$239.34	$289.30	$434.56	$436.74
	Standard Rates for individuals ages 77 and older							
77+	$266.00	$371.50	$351.75	$139.50	$246.75	$298.25	$448.00	$450.25

Group 2	Applies to individuals whose plan effective date will be ten or more years following their 65th birthday or Medicare Part B effective date, if later.							
Age[1]	**Plan A**	**Plan B**	**Plan G**	**Plan K**	**Plan L**	**Plan N**	**Plan C[3]**	**Plan F[3]**
	Level 2 Rates							
75+	$332.50	$464.37	$439.68	$174.37	$308.43	$372.81	$560.00	$562.81

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

Cover Page - Rates
Tobacco Monthly Plan Rates
for California - Area 3

AARP® Medicare Supplement Insurance Plans
insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants							Medicare first eligible before 2020 only[3]	
Group 1	Applies to individuals whose plan effective date will be within ten years following their 65th birthday or Medicare Part B effective date, if later.							
Age[1]	**Plan A**	**Plan B**	**Plan G**	**Plan K**	**Plan L**	**Plan N**	**Plan C[3]**	**Plan F[3]**
	Standard Rates with Enrollment Discount[2] for individuals ages 65-76							
65	$187.26	$261.53	$247.62	$98.20	$173.70	$209.96	$315.39	$316.97
66	$196.04	$273.79	$259.23	$102.81	$181.85	$219.80	$330.17	$331.83
67	$204.82	$286.05	$270.84	$107.41	$189.99	$229.64	$344.96	$346.68
68	$213.59	$298.31	$282.45	$112.01	$198.13	$239.49	$359.74	$361.54
69	$222.37	$310.57	$294.05	$116.62	$206.27	$249.33	$374.52	$376.40
70	$231.15	$322.83	$305.66	$121.22	$214.42	$259.17	$389.31	$391.26
71	$239.93	$335.09	$317.27	$125.82	$222.56	$269.01	$404.09	$406.12
72	$248.71	$347.35	$328.88	$130.43	$230.70	$278.85	$418.88	$420.97
73	$257.48	$359.61	$340.48	$135.03	$238.84	$288.70	$433.66	$435.83
74	$266.26	$371.87	$352.09	$139.63	$246.99	$298.54	$448.44	$450.69
75	$275.04	$384.13	$363.70	$144.24	$255.13	$308.38	$463.23	$465.55
76	$283.82	$396.39	$375.31	$148.84	$263.27	$318.22	$478.01	$480.41
	Standard Rates for individuals ages 77 and older							
77+	$292.60	$408.65	$386.92	$153.45	$271.42	$328.07	$492.80	$495.27

Group 2	Applies to individuals whose plan effective date will be ten or more years following their 65th birthday or Medicare Part B effective date, if later.							
Age[1]	**Plan A**	**Plan B**	**Plan G**	**Plan K**	**Plan L**	**Plan N**	**Plan C[3]**	**Plan F[3]**
	Level 2 Rates							
75+	$365.75	$510.81	$483.65	$191.81	$339.27	$410.08	$616.00	$619.08

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

Cover Page - Rates
Under 65 Monthly Plan Rates
for California - Area 3

AARP® Medicare Supplement Insurance Plans
insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants							Medicare first eligible before 2020 only[3]	
Group 3	Applies to individuals age 50-64 who are eligible for Medicare.							
Age[1]	**Plan A**	**Plan B**	**Plan G[4]**	**Plan K**	**Plan L**	**Plan N**	**Plan C[3]**	**Plan F[3]**
	Non-Tobacco Rates							
50-64	$332.49	$464.36	$439.67	$174.36	N/A	N/A	$559.99	$562.80
	Tobacco Rates							
50-64	$365.73	$510.79	$483.63	$191.79	N/A	N/A	$615.98	$619.08

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

1 Your age as of your plan effective date.

2 The **Enrollment Discount** is available to applicants age 65 to 76. You may qualify for an Enrollment Discount based on your age and your Medicare Part B effective date. If you are eligible, the discounted rates will be shown.

Who is eligible
You are eligible for the enrollment discount if you are between the ages of 65 and 76 and your plan effective date is within ten years following your 65th birthday or Medicare Part B effective date.

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

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

4 **NOTE (for individuals age 50-64 who are eligible for Medicare): Plan G is only available to eligible Applicants with a Medicare Part A effective date on or after 1/1/2020.**

CALIFORNIA Area 3 ZIP Codes

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

91701	92321	92378	93110	93303	93519	94531	94582	94701	96208	96339	96510
91708	92322	92382	93111	93304	93523	94536	94583	94702	96214	96343	96511
91709	92323	92385	93116	93305	93524	94537	94586	94703	96218	96347	96512
91710	92324	92386	93117	93306	93527	94538	94587	94704	96220	96348	96513
91729	92325	92391	93118	93307	93528	94539	94588	94705	96224	96349	96515
91730	92326	92392	93120	93308	93531	94540	94595	94706	96231	96350	96516
91737	92327	92393	93121	93309	93554	94541	94596	94707	96251	96362	96517
91739	92329	92394	93130	93311	93555	94542	94597	94708	96257	96364	96518
91743	92331	92395	93140	93312	93556	94543	94598	94709	96258	96365	96520
91758	92332	92397	93150	93313	93558	94544	94599	94710	96259	96367	96521
91761	92333	92398	93160	93314	93560	94545	94601	94712	96260	96368	96522
91762	92334	92399	93190	93380	93561	94546	94602	94720	96261	96370	96531
91763	92335	92400	93199	93381	93562	94547	94603	94801	96264	96372	96534
91764	92336	92401	93203	93382	93570	94548	94604	94802	96266	96373	96535
91784	92337	92402	93205	93383	93581	94549	94605	94803	96267	96374	96536
91785	92338	92403	93206	93384	93582	94550	94606	94804	96269	96375	96537
91786	92339	92404	93214	93385	93592	94551	94607	94805	96271	96376	96538
91798	92340	92405	93215	93386	93596	94552	94608	94806	96272	96377	96539
92242	92341	92406	93216	93387	94501	94553	94609	94807	96274	96378	96540
92252	92342	92407	93217	93388	94502	94555	94610	94808	96276	96379	96541
92256	92344	92408	93220	93389	94503	94556	94611	94820	96277	96381	96542
92267	92345	92409	93222	93390	94505	94557	94612	94850	96278	96382	96543
92268	92346	92410	93224	93399	94506	94558	94613	94875	96283	96407	96544
92277	92347	92411	93225	93427	94507	94559	94614	95422	96284	96408	96545
92278	92350	92412	93226	93429	94508	94560	94615	95423	96286	96409	96546
92280	92351	92413	93238	93434	94509	94561	94616	95424	96297	96410	96548
92284	92352	92414	93240	93436	94511	94562	94617	95426	96306	96411	96549
92285	92354	92415	93241	93437	94513	94563	94618	95435	96310	96431	96550
92286	92356	92416	93243	93438	94514	94564	94619	95443	96311	96432	96551
92301	92357	92418	93249	93440	94515	94565	94620	95451	96313	96434	96552
92304	92358	92420	93250	93441	94516	94566	94621	95453	96314	96440	96553
92305	92359	92423	93251	93454	94517	94567	94622	95457	96318	96445	96554
92307	92363	92424	93252	93455	94518	94568	94623	95458	96319	96447	96555
92308	92364	92427	93254	93456	94519	94569	94624	95461	96321	96450	96556
92309	92365	93013	93255	93457	94520	94570	94625	95464	96322	96451	96557
92310	92366	93014	93263	93458	94521	94572	94626	95467	96323	96452	96558
92311	92368	93067	93268	93460	94522	94573	94627	95485	96324	96454	96575
92312	92369	93101	93276	93463	94523	94574	94643	95493	96325	96456	96598
92313	92371	93102	93280	93464	94524	94575	94649	96201	96326	96461	96599
92314	92372	93103	93283	93501	94525	94576	94650	96202	96327	96464	96601
92315	92373	93105	93285	93502	94526	94577	94659	96203	96328	96505	96602
92316	92374	93106	93287	93504	94527	94578	94660	96204	96330	96506	96603
92317	92375	93107	93300	93505	94528	94579	94661	96205	96336	96507	96604
92318	92376	93108	93301	93516	94529	94580	94662	96206	96337	96508	96605
92319	92377	93109	93302	93518	94530	94581	94666	96207	96338	96509	96606

CALIFORNIA Area 3 ZIP Codes CONTINUED

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Cover Page - Rates
Non-Tobacco Monthly Plan Rates
for California - Area 4

AARP® Medicare Supplement Insurance Plans
insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants							Medicare first eligible before 2020 only[3]	
Group 1	Applies to individuals whose plan effective date will be within ten years following their 65th birthday or Medicare Part B effective date, if later.							
Age[1]	**Plan A**	**Plan B**	**Plan G**	**Plan K**	**Plan L**	**Plan N**	**Plan C[3]**	**Plan F[3]**
	Standard Rates with Enrollment Discount[2] for individuals ages 65-76							
65	$153.92	$214.88	$203.52	$80.64	$142.72	$172.64	$259.20	$260.48
66	$161.13	$224.95	$213.06	$84.42	$149.41	$180.73	$271.35	$272.69
67	$168.35	$235.02	$222.60	$88.20	$156.10	$188.82	$283.50	$284.90
68	$175.56	$245.09	$232.14	$91.98	$162.79	$196.91	$295.65	$297.11
69	$182.78	$255.17	$241.68	$95.76	$169.48	$205.01	$307.80	$309.32
70	$189.99	$265.24	$251.22	$99.54	$176.17	$213.10	$319.95	$321.53
71	$197.21	$275.31	$260.76	$103.32	$182.86	$221.19	$332.10	$333.74
72	$204.42	$285.38	$270.30	$107.10	$189.55	$229.28	$344.25	$345.95
73	$211.64	$295.46	$279.84	$110.88	$196.24	$237.38	$356.40	$358.16
74	$218.85	$305.53	$289.38	$114.66	$202.93	$245.47	$368.55	$370.37
75	$226.07	$315.60	$298.92	$118.44	$209.62	$253.56	$380.70	$382.58
76	$233.28	$325.67	$308.46	$122.22	$216.31	$261.65	$392.85	$394.79
	Standard Rates for individuals ages 77 and older							
77+	$240.50	$335.75	$318.00	$126.00	$223.00	$269.75	$405.00	$407.00

Group 2	Applies to individuals whose plan effective date will be ten or more years following their 65th birthday or Medicare Part B effective date, if later.							
Age[1]	**Plan A**	**Plan B**	**Plan G**	**Plan K**	**Plan L**	**Plan N**	**Plan C[3]**	**Plan F[3]**
	Level 2 Rates							
75+	$300.62	$419.68	$397.50	$157.50	$278.75	$337.18	$506.25	$508.75

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

Cover Page - Rates
Tobacco Monthly Plan Rates
for California - Area 4

AARP® Medicare Supplement Insurance Plans
insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants							Medicare first eligible before 2020 only[3]	
Group 1	Applies to individuals whose plan effective date will be within ten years following their 65th birthday or Medicare Part B effective date, if later.							
Age[1]	**Plan A**	**Plan B**	**Plan G**	**Plan K**	**Plan L**	**Plan N**	**Plan C[3]**	**Plan F[3]**
	Standard Rates with Enrollment Discount[2] for individuals ages 65-76							
65	$169.31	$236.36	$223.87	$88.70	$156.99	$189.90	$285.12	$286.52
66	$177.24	$247.44	$234.36	$92.86	$164.35	$198.80	$298.48	$299.95
67	$185.18	$258.52	$244.86	$97.02	$171.71	$207.70	$311.85	$313.39
68	$193.12	$269.60	$255.35	$101.17	$179.06	$216.60	$325.21	$326.82
69	$201.05	$280.68	$265.84	$105.33	$186.42	$225.50	$338.58	$340.25
70	$208.99	$291.76	$276.34	$109.49	$193.78	$234.40	$351.94	$353.68
71	$216.93	$302.84	$286.83	$113.65	$201.14	$243.31	$365.31	$367.11
72	$224.86	$313.92	$297.33	$117.81	$208.50	$252.21	$378.67	$380.54
73	$232.80	$325.00	$307.82	$121.96	$215.86	$261.11	$392.04	$393.97
74	$240.74	$336.08	$318.31	$126.12	$223.22	$270.01	$405.40	$407.40
75	$248.67	$347.16	$328.81	$130.28	$230.58	$278.91	$418.77	$420.83
76	$256.61	$358.24	$339.30	$134.44	$237.94	$287.81	$432.13	$434.26
	Standard Rates for individuals ages 77 and older							
77+	$264.55	$369.32	$349.80	$138.60	$245.30	$296.72	$445.50	$447.70

Group 2	Applies to individuals whose plan effective date will be ten or more years following their 65th birthday or Medicare Part B effective date, if later.							
Age[1]	**Plan A**	**Plan B**	**Plan G**	**Plan K**	**Plan L**	**Plan N**	**Plan C[3]**	**Plan F[3]**
	Level 2 Rates							
75+	$330.68	$461.65	$437.25	$173.25	$306.62	$370.90	$556.87	$559.62

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

Cover Page - Rates
Under 65 Monthly Plan Rates
for California - Area 4

AARP® Medicare Supplement Insurance Plans
insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants							Medicare first eligible before 2020 only[3]	
Group 3	Applies to individuals age 50-64 who are eligible for Medicare.							
Age[1]	**Plan A**	**Plan B**	**Plan G[4]**	**Plan K**	**Plan L**	**Plan N**	**Plan C[3]**	**Plan F[3]**
	Non-Tobacco Rates							
50-64	$300.61	$419.67	$397.49	$157.49	N/A	N/A	$506.24	$508.74
	Tobacco Rates							
50-64	$330.67	$461.63	$437.23	$173.23	N/A	N/A	$556.86	$559.61

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

1 Your age as of your plan effective date.

2 The **Enrollment Discount** is available to applicants age 65 to 76. You may qualify for an Enrollment Discount based on your age and your Medicare Part B effective date. If you are eligible, the discounted rates will be shown.

Who is eligible
You are eligible for the enrollment discount if you are between the ages of 65 and 76 and your plan effective date is within ten years following your 65th birthday or Medicare Part B effective date.

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

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

4 **NOTE (for individuals age 50-64 who are eligible for Medicare): Plan G is only available to eligible Applicants with a Medicare Part A effective date on or after 1/1/2020.**

CALIFORNIA Area 4 ZIP Codes

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

93202	93637	93718	93888	94088	94952	95024	95109	95160	95315	95372	95472
93204	93638	93720	93901	94089	94953	95026	95110	95161	95316	95373	95473
93210	93639	93721	93902	94090	94954	95030	95111	95164	95317	95374	95476
93212	93640	93722	93905	94091	94955	95031	95112	95170	95318	95375	95480
93230	93641	93723	93906	94300	94956	95032	95113	95171	95319	95379	95486
93231	93642	93724	93907	94301	94957	95033	95114	95172	95321	95380	95487
93232	93643	93725	93908	94302	94960	95035	95115	95173	95322	95381	95492
93234	93644	93726	93911	94304	94963	95036	95116	95190	95323	95382	95497
93239	93645	93727	93912	94305	94964	95037	95117	95191	95324	95383	95501
93242	93646	93728	93915	94306	94965	95038	95118	95192	95325	95384	95502
93245	93648	93729	93920	94309	94966	95039	95119	95193	95326	95386	95503
93246	93649	93730	93921	94310	94970	95041	95120	95194	95327	95387	95511
93266	93650	93737	93922	94901	94971	95042	95121	95196	95328	95388	95514
93426	93651	93740	93923	94903	94972	95043	95122	95221	95329	95389	95518
93450	93652	93741	93924	94904	94973	95044	95123	95222	95333	95390	95519
93601	93653	93744	93925	94911	94974	95045	95124	95223	95334	95397	95521
93602	93654	93745	93926	94912	94975	95046	95125	95224	95335	95401	95524
93604	93656	93747	93927	94913	94976	95050	95126	95225	95338	95402	95525
93605	93657	93750	93928	94914	94977	95051	95127	95226	95340	95403	95526
93606	93660	93755	93930	94915	94978	95052	95128	95228	95341	95404	95527
93607	93661	93759	93932	94920	94979	95053	95129	95229	95342	95405	95528
93608	93662	93760	93933	94922	94998	95054	95130	95232	95343	95406	95531
93609	93664	93761	93940	94923	94999	95055	95131	95233	95344	95407	95532
93610	93665	93762	93941	94924	95001	95056	95132	95245	95345	95408	95534
93611	93667	93764	93942	94925	95002	95060	95133	95246	95346	95409	95536
93612	93668	93765	93943	94926	95003	95061	95134	95247	95347	95412	95537
93613	93669	93771	93944	94927	95004	95062	95135	95248	95348	95416	95538
93614	93675	93772	93950	94928	95005	95063	95136	95249	95350	95419	95540
93616	93700	93773	93953	94929	95006	95064	95137	95250	95351	95421	95542
93619	93701	93774	93954	94930	95007	95065	95138	95251	95352	95425	95543
93620	93702	93775	93955	94931	95008	95066	95139	95252	95353	95430	95545
93621	93703	93776	93960	94933	95009	95067	95140	95254	95354	95431	95546
93622	93704	93777	93962	94937	95010	95070	95141	95255	95355	95433	95547
93623	93705	93778	94022	94938	95011	95071	95142	95257	95356	95436	95548
93624	93706	93779	94023	94939	95012	95073	95148	95301	95357	95439	95549
93625	93707	93780	94024	94940	95013	95075	95150	95303	95358	95441	95550
93626	93708	93782	94035	94941	95014	95076	95151	95305	95360	95442	95551
93627	93709	93784	94039	94942	95015	95077	95152	95306	95361	95444	95552
93628	93710	93786	94040	94945	95016	95078	95153	95307	95363	95446	95553
93629	93711	93790	94041	94946	95017	95100	95154	95309	95364	95448	95554
93630	93712	93791	94042	94947	95018	95101	95155	95310	95365	95450	95555
93631	93714	93792	94043	94948	95019	95102	95156	95311	95367	95452	95556
93634	93715	93793	94085	94949	95020	95103	95157	95312	95368	95462	95558
93635	93716	93794	94086	94950	95021	95106	95158	95313	95369	95465	95559
93636	93717	93844	94087	94951	95023	95108	95159	95314	95370	95471	95560

CALIFORNIA Area 4 ZIP Codes CONTINUED

95562	95656	95746	95955	96033	96142
95563	95658	95747	95957	96035	96143
95564	95659	95762	95958	96040	96145
95565	95661	95765	95959	96041	96146
95567	95663	95776	95960	96046	96148
95569	95664	95798	95961	96047	96150
95570	95665	95799	95962	96048	96151
95571	95666	95901	95963	96049	96152
95573	95667	95903	95965	96051	96153
95589	95668	95910	95966	96052	96154
95595	95669	95912	95967	96055	96155
95601	95672	95913	95968	96056	96156
95602	95674	95914	95969	96059	96157
95603	95675	95916	95970	96061	96158
95604	95676	95917	95972	96062	96160
95605	95677	95918	95973	96063	96161
95606	95678	95919	95974	96065	96162
95607	95679	95920	95975	96069	
95612	95681	95922	95976	96070	
95613	95682	95924	95977	96071	
95614	95684	95925	95978	96073	
95616	95685	95926	95979	96074	
95617	95689	95927	95981	96075	
95618	95691	95928	95982	96076	
95619	95692	95929	95986	96078	
95622	95694	95930	95987	96079	
95623	95695	95931	95988	96080	
95627	95697	95932	95991	96084	
95629	95698	95935	95992	96087	
95631	95699	95936	95993	96088	
95633	95701	95937	96001	96089	
95634	95703	95938	96002	96090	
95635	95709	95939	96003	96091	
95636	95712	95940	96007	96092	
95637	95713	95941	96008	96093	
95640	95714	95942	96010	96095	
95642	95715	95943	96011	96096	
95643	95717	95944	96013	96099	
95644	95720	95945	96016	96111	
95645	95721	95946	96017	96118	
95646	95722	95948	96019	96120	
95648	95724	95949	96021	96124	
95650	95726	95950	96022	96125	
95651	95728	95951	96024	96126	
95653	95735	95953	96028	96140	
95654	95736	95954	96029	96141	

Cover Page - Rates
Non-Tobacco Monthly Plan Rates
for California - Area 5

AARP® Medicare Supplement Insurance Plans
insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants							Medicare first eligible before 2020 only[3]	
Group 1	Applies to individuals whose plan effective date will be within ten years following their 65th birthday or Medicare Part B effective date, if later.							
Age[1]	**Plan A**	**Plan B**	**Plan G**	**Plan K**	**Plan L**	**Plan N**	**Plan C[3]**	**Plan F[3]**
	Standard Rates with Enrollment Discount[2] for individuals ages 65-76							
65	$165.12	$230.56	$218.40	$86.56	$153.12	$185.12	$278.08	$279.52
66	$172.86	$241.36	$228.63	$90.61	$160.29	$193.79	$291.11	$292.62
67	$180.60	$252.17	$238.87	$94.67	$167.47	$202.47	$304.15	$305.72
68	$188.34	$262.98	$249.11	$98.73	$174.65	$211.15	$317.18	$318.82
69	$196.08	$273.79	$259.35	$102.79	$181.83	$219.83	$330.22	$331.93
70	$203.82	$284.59	$269.58	$106.84	$189.00	$228.50	$343.25	$345.03
71	$211.56	$295.40	$279.82	$110.90	$196.18	$237.18	$356.29	$358.13
72	$219.30	$306.21	$290.06	$114.96	$203.36	$245.86	$369.32	$371.23
73	$227.04	$317.02	$300.30	$119.02	$210.54	$254.54	$382.36	$384.34
74	$234.78	$327.82	$310.53	$123.07	$217.71	$263.21	$395.39	$397.44
75	$242.52	$338.63	$320.77	$127.13	$224.89	$271.89	$408.43	$410.54
76	$250.26	$349.44	$331.01	$131.19	$232.07	$280.57	$421.46	$423.64
	Standard Rates for individuals ages 77 and older							
77+	$258.00	$360.25	$341.25	$135.25	$239.25	$289.25	$434.50	$436.75

Group 2	Applies to individuals whose plan effective date will be ten or more years following their 65th birthday or Medicare Part B effective date, if later.							
Age[1]	**Plan A**	**Plan B**	**Plan G**	**Plan K**	**Plan L**	**Plan N**	**Plan C[3]**	**Plan F[3]**
	Level 2 Rates							
75+	$322.50	$450.31	$426.56	$169.06	$299.06	$361.56	$543.12	$545.93

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

Cover Page - Rates
Tobacco Monthly Plan Rates
for California - Area 5

AARP® Medicare Supplement Insurance Plans
insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants							Medicare first eligible before 2020 only[3]	
Group 1	Applies to individuals whose plan effective date will be within ten years following their 65th birthday or Medicare Part B effective date, if later.							
Age[1]	**Plan A**	**Plan B**	**Plan G**	**Plan K**	**Plan L**	**Plan N**	**Plan C[3]**	**Plan F[3]**
	Standard Rates with Enrollment Discount[2] for individuals ages 65-76							
65	$181.63	$253.61	$240.23	$95.21	$168.42	$203.62	$305.88	$307.46
66	$190.14	$265.50	$251.49	$99.67	$176.32	$213.17	$320.22	$321.88
67	$198.66	$277.38	$262.75	$104.13	$184.21	$222.71	$334.56	$336.29
68	$207.17	$289.27	$274.02	$108.60	$192.11	$232.26	$348.90	$350.70
69	$215.68	$301.16	$285.28	$113.06	$200.00	$241.80	$363.24	$365.11
70	$224.20	$313.05	$296.54	$117.52	$207.90	$251.35	$377.58	$379.53
71	$232.71	$324.94	$307.80	$121.99	$215.79	$260.89	$391.91	$393.94
72	$241.23	$336.82	$319.06	$126.45	$223.69	$270.44	$406.25	$408.35
73	$249.74	$348.71	$330.32	$130.91	$231.58	$279.98	$420.59	$422.76
74	$258.25	$360.60	$341.58	$135.38	$239.48	$289.53	$434.93	$437.18
75	$266.77	$372.49	$352.84	$139.84	$247.37	$299.07	$449.27	$451.59
76	$275.28	$384.38	$364.10	$144.30	$255.27	$308.62	$463.61	$466.00
	Standard Rates for individuals ages 77 and older							
77+	$283.80	$396.27	$375.37	$148.77	$263.17	$318.17	$477.95	$480.42

Group 2	Applies to individuals whose plan effective date will be ten or more years following their 65th birthday or Medicare Part B effective date, if later.							
Age[1]	**Plan A**	**Plan B**	**Plan G**	**Plan K**	**Plan L**	**Plan N**	**Plan C[3]**	**Plan F[3]**
	Level 2 Rates							
75+	$354.75	$495.33	$469.21	$185.96	$328.96	$397.71	$597.43	$600.52

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

Cover Page - Rates
Under 65 Monthly Plan Rates
for California - Area 5

AARP® Medicare Supplement Insurance Plans
insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants							Medicare first eligible before 2020 only[3]	
Group 3	Applies to individuals age 50-64 who are eligible for Medicare.							
Age[1]	**Plan A**	**Plan B**	**Plan G[4]**	**Plan K**	**Plan L**	**Plan N**	**Plan C[3]**	**Plan F[3]**
	Non-Tobacco Rates							
50-64	$322.49	$450.30	$426.55	$169.05	N/A	N/A	$543.11	$545.92
	Tobacco Rates							
50-64	$354.73	$495.33	$469.20	$185.95	N/A	N/A	$597.42	$600.51

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

1 Your age as of your plan effective date.

2 The **Enrollment Discount** is available to applicants age 65 to 76. You may qualify for an Enrollment Discount based on your age and your Medicare Part B effective date. If you are eligible, the discounted rates will be shown.

Who is eligible
You are eligible for the enrollment discount if you are between the ages of 65 and 76 and your plan effective date is within ten years following your 65th birthday or Medicare Part B effective date.

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

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

4 **NOTE (for individuals age 50-64 who are eligible for Medicare): Plan G is only available to eligible Applicants with a Medicare Part A effective date on or after 1/1/2020.**

CALIFORNIA Area 5 ZIP Codes

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

91901	92003	92067	92123	92176
91902	92004	92068	92124	92177
91903	92006	92069	92126	92178
91905	92007	92070	92127	92179
91906	92008	92071	92128	92180
91908	92009	92072	92129	92181
91909	92010	92074	92130	92182
91910	92011	92075	92131	92183
91911	92013	92078	92132	92184
91912	92014	92079	92133	92185
91913	92018	92081	92134	92186
91914	92019	92082	92135	92187
91915	92020	92083	92136	92188
91916	92021	92084	92137	92189
91917	92022	92085	92138	92190
91921	92023	92086	92139	92191
91931	92024	92088	92140	92192
91932	92025	92090	92142	92193
91933	92026	92091	92143	92194
91934	92027	92092	92145	92195
91935	92028	92093	92147	92196
91941	92029	92096	92149	92197
91942	92030	92100	92150	92198
91943	92033	92101	92152	92199
91944	92036	92102	92153	92222
91945	92037	92103	92154	92227
91946	92038	92104	92155	92231
91947	92039	92105	92158	92232
91948	92040	92106	92159	92233
91950	92045	92107	92160	92243
91951	92046	92108	92161	92244
91962	92049	92109	92162	92249
91963	92051	92110	92163	92250
91976	92052	92111	92164	92251
91977	92054	92112	92165	92257
91978	92055	92113	92166	92259
91979	92056	92114	92167	92266
91980	92057	92115	92168	92273
91987	92058	92116	92169	92275
91990	92059	92117	92170	92281
91991	92060	92118	92171	92283
91992	92061	92119	92172	
91993	92064	92120	92173	
91994	92065	92121	92174	
91995	92066	92122	92175	

Cover Page - Rates
Non-Tobacco Monthly Plan Rates
for California - Area 6

AARP® Medicare Supplement Insurance Plans
insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants							Medicare first eligible before 2020 only[3]	
Group 1	Applies to individuals whose plan effective date will be within ten years following their 65th birthday or Medicare Part B effective date, if later.							
Age[1]	**Plan A**	**Plan B**	**Plan G**	**Plan K**	**Plan L**	**Plan N**	**Plan C[3]**	**Plan F[3]**
	Standard Rates with Enrollment Discount[2] for individuals ages 65-76							
65	$149.12	$208.32	$197.28	$78.24	$138.40	$167.20	$251.20	$252.48
66	$156.11	$218.08	$206.52	$81.90	$144.88	$175.03	$262.97	$264.31
67	$163.10	$227.85	$215.77	$85.57	$151.37	$182.87	$274.75	$276.15
68	$170.09	$237.61	$225.02	$89.24	$157.86	$190.71	$286.52	$287.98
69	$177.08	$247.38	$234.27	$92.91	$164.35	$198.55	$298.30	$299.82
70	$184.07	$257.14	$243.51	$96.57	$170.83	$206.38	$310.07	$311.65
71	$191.06	$266.91	$252.76	$100.24	$177.32	$214.22	$321.85	$323.49
72	$198.05	$276.67	$262.01	$103.91	$183.81	$222.06	$333.62	$335.32
73	$205.04	$286.44	$271.26	$107.58	$190.30	$229.90	$345.40	$347.16
74	$212.03	$296.20	$280.50	$111.24	$196.78	$237.73	$357.17	$358.99
75	$219.02	$305.97	$289.75	$114.91	$203.27	$245.57	$368.95	$370.83
76	$226.01	$315.73	$299.00	$118.58	$209.76	$253.41	$380.72	$382.66
	Standard Rates for individuals ages 77 and older							
77+	$233.00	$325.50	$308.25	$122.25	$216.25	$261.25	$392.50	$394.50

Group 2	Applies to individuals whose plan effective date will be ten or more years following their 65th birthday or Medicare Part B effective date, if later.							
Age[1]	**Plan A**	**Plan B**	**Plan G**	**Plan K**	**Plan L**	**Plan N**	**Plan C[3]**	**Plan F[3]**
	Level 2 Rates							
75+	$291.25	$406.87	$385.31	$152.81	$270.31	$326.56	$490.62	$493.12

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

Cover Page - Rates
Tobacco Monthly Plan Rates
for California - Area 6

AARP® Medicare Supplement Insurance Plans
insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants							Medicare first eligible before 2020 only[3]	
Group 1	Applies to individuals whose plan effective date will be within ten years following their 65th birthday or Medicare Part B effective date, if later.							
Age[1]	**Plan A**	**Plan B**	**Plan G**	**Plan K**	**Plan L**	**Plan N**	**Plan C[3]**	**Plan F[3]**
	Standard Rates with Enrollment Discount[2] for individuals ages 65-76							
65	$164.03	$229.15	$217.00	$86.06	$152.23	$183.91	$276.32	$277.72
66	$171.72	$239.89	$227.17	$90.09	$159.37	$192.53	$289.27	$290.74
67	$179.41	$250.63	$237.34	$94.12	$166.50	$201.15	$302.22	$303.76
68	$187.09	$261.37	$247.52	$98.16	$173.64	$209.78	$315.17	$316.78
69	$194.78	$272.11	$257.69	$102.19	$180.78	$218.40	$328.13	$329.80
70	$202.47	$282.85	$267.86	$106.23	$187.91	$227.02	$341.08	$342.82
71	$210.16	$293.60	$278.03	$110.26	$195.05	$235.64	$354.03	$355.83
72	$217.85	$304.34	$288.20	$114.29	$202.18	$244.26	$366.98	$368.85
73	$225.54	$315.08	$298.38	$118.33	$209.32	$252.88	$379.94	$381.87
74	$233.23	$325.82	$308.55	$122.36	$216.46	$261.50	$392.89	$394.89
75	$240.92	$336.56	$318.72	$126.40	$223.59	$270.12	$405.84	$407.91
76	$248.61	$347.30	$328.89	$130.43	$230.73	$278.74	$418.79	$420.93
	Standard Rates for individuals ages 77 and older							
77+	$256.30	$358.05	$339.07	$134.47	$237.87	$287.37	$431.75	$433.95

Group 2	Applies to individuals whose plan effective date will be ten or more years following their 65th birthday or Medicare Part B effective date, if later.							
Age[1]	**Plan A**	**Plan B**	**Plan G**	**Plan K**	**Plan L**	**Plan N**	**Plan C[3]**	**Plan F[3]**
	Level 2 Rates							
75+	$320.37	$447.56	$423.83	$168.08	$297.33	$359.21	$539.68	$542.43

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

Cover Page - Rates
Under 65 Monthly Plan Rates
for California - Area 6

AARP® Medicare Supplement Insurance Plans
insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants							Medicare first eligible before 2020 only[3]	
Group 3	Applies to individuals age 50-64 who are eligible for Medicare.							
Age[1]	**Plan A**	**Plan B**	**Plan G[4]**	**Plan K**	**Plan L**	**Plan N**	**Plan C[3]**	**Plan F[3]**
	Non-Tobacco Rates							
50-64	$291.24	$406.86	$385.30	$152.80	N/A	N/A	$490.61	$493.11
	Tobacco Rates							
50-64	$320.36	$447.54	$423.83	$168.08	N/A	N/A	$539.67	$542.42

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

1 Your age as of your plan effective date.

2 The **Enrollment Discount** is available to applicants age 65 to 76. You may qualify for an Enrollment Discount based on your age and your Medicare Part B effective date. If you are eligible, the discounted rates will be shown.

Who is eligible
You are eligible for the enrollment discount if you are between the ages of 65 and 76 and your plan effective date is within ten years following your 65th birthday or Medicare Part B effective date.

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

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

4 **NOTE (for individuals age 50-64 who are eligible for Medicare): Plan G is only available to eligible Applicants with a Medicare Part A effective date on or after 1/1/2020.**

CALIFORNIA Area 6 ZIP Codes

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

93401	94016	94111	94159	94254	94407	95377	95818
93402	94017	94112	94160	94256	94408	95378	95819
93403	94018	94114	94161	94257	94409	95385	95820
93405	94019	94115	94162	94258	94497	95391	95821
93406	94020	94116	94163	94259	95201	95608	95822
93407	94021	94117	94164	94261	95202	95609	95823
93408	94025	94118	94165	94262	95203	95610	95824
93409	94026	94119	94166	94263	95204	95611	95825
93410	94027	94120	94167	94267	95205	95615	95826
93412	94028	94121	94168	94268	95206	95621	95827
93420	94029	94122	94169	94269	95207	95624	95828
93421	94030	94123	94170	94271	95208	95626	95829
93422	94031	94124	94171	94273	95209	95628	95830
93423	94037	94125	94172	94274	95210	95630	95831
93424	94038	94126	94175	94277	95211	95632	95832
93428	94044	94127	94177	94278	95212	95638	95833
93430	94045	94128	94188	94279	95213	95639	95834
93431	94059	94129	94199	94280	95214	95641	95835
93432	94060	94130	94203	94282	95215	95652	95836
93433	94061	94131	94204	94283	95219	95655	95837
93435	94062	94132	94205	94284	95220	95660	95838
93442	94063	94133	94206	94285	95227	95662	95840
93443	94064	94134	94207	94286	95230	95670	95841
93444	94065	94135	94208	94287	95231	95671	95842
93445	94066	94136	94209	94288	95234	95673	95843
93446	94067	94137	94211	94289	95236	95680	95851
93447	94070	94138	94229	94290	95237	95683	95852
93448	94071	94139	94230	94291	95240	95686	95853
93449	94074	94140	94232	94293	95241	95690	95857
93451	94080	94141	94234	94294	95242	95693	95860
93452	94083	94142	94235	94295	95253	95741	95864
93453	94096	94143	94236	94296	95258	95742	95865
93461	94098	94144	94237	94297	95267	95743	95866
93465	94099	94145	94239	94298	95269	95757	95867
93475	94100	94146	94240	94299	95290	95758	95873
93483	94101	94147	94243	94303	95296	95759	95887
94002	94102	94150	94244	94307	95297	95763	95894
94003	94103	94151	94245	94308	95298	95800	95899
94005	94104	94152	94246	94400	95304	95811	
94010	94105	94153	94247	94401	95320	95812	
94011	94106	94154	94248	94402	95330	95813	
94012	94107	94155	94249	94403	95336	95814	
94013	94108	94156	94250	94404	95337	95815	
94014	94109	94157	94252	94405	95366	95816	
94015	94110	94158	94253	94406	95376	95817	

Cover Page - Rates
Non-Tobacco Monthly Plan Rates
for California - Area 7

AARP® Medicare Supplement Insurance Plans
insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants							Medicare first eligible before 2020 only[3]	
Group 1	Applies to individuals whose plan effective date will be within ten years following their 65th birthday or Medicare Part B effective date, if later.							
Age[1]	**Plan A**	**Plan B**	**Plan G**	**Plan K**	**Plan L**	**Plan N**	**Plan C[3]**	**Plan F[3]**
	Standard Rates with Enrollment Discount[2] for individuals ages 65-76							
65	$168.64	$235.52	$223.04	$88.48	$156.48	$188.96	$283.84	$285.44
66	$176.54	$246.56	$233.49	$92.62	$163.81	$197.81	$297.14	$298.82
67	$184.45	$257.60	$243.95	$96.77	$171.15	$206.67	$310.45	$312.20
68	$192.35	$268.64	$254.40	$100.92	$178.48	$215.53	$323.75	$325.58
69	$200.26	$279.68	$264.86	$105.07	$185.82	$224.39	$337.06	$338.96
70	$208.16	$290.72	$275.31	$109.21	$193.15	$233.24	$350.36	$352.34
71	$216.07	$301.76	$285.77	$113.36	$200.49	$242.10	$363.67	$365.72
72	$223.97	$312.80	$296.22	$117.51	$207.82	$250.96	$376.97	$379.10
73	$231.88	$323.84	$306.68	$121.66	$215.16	$259.82	$390.28	$392.48
74	$239.78	$334.88	$317.13	$125.80	$222.49	$268.67	$403.58	$405.86
75	$247.69	$345.92	$327.59	$129.95	$229.83	$277.53	$416.89	$419.24
76	$255.59	$356.96	$338.04	$134.10	$237.16	$286.39	$430.19	$432.62
	Standard Rates for individuals ages 77 and older							
77+	$263.50	$368.00	$348.50	$138.25	$244.50	$295.25	$443.50	$446.00

Group 2	Applies to individuals whose plan effective date will be ten or more years following their 65th birthday or Medicare Part B effective date, if later.							
Age[1]	**Plan A**	**Plan B**	**Plan G**	**Plan K**	**Plan L**	**Plan N**	**Plan C[3]**	**Plan F[3]**
	Level 2 Rates							
75+	$329.37	$460.00	$435.62	$172.81	$305.62	$369.06	$554.37	$557.50

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

Cover Page - Rates
Tobacco Monthly Plan Rates
for California - Area 7

AARP® Medicare Supplement Insurance Plans
insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants							Medicare first eligible before 2020 only[3]	
Group 1	Applies to individuals whose plan effective date will be within ten years following their 65th birthday or Medicare Part B effective date, if later.							
Age[1]	**Plan A**	**Plan B**	**Plan G**	**Plan K**	**Plan L**	**Plan N**	**Plan C[3]**	**Plan F[3]**
	Standard Rates with Enrollment Discount[2] for individuals ages 65-76							
65	$185.50	$259.07	$245.34	$97.32	$172.12	$207.85	$312.22	$313.98
66	$194.19	$271.21	$256.84	$101.88	$180.19	$217.59	$326.85	$328.70
67	$202.89	$283.36	$268.34	$106.44	$188.26	$227.33	$341.49	$343.42
68	$211.59	$295.50	$279.84	$111.01	$196.33	$237.08	$356.13	$358.13
69	$220.28	$307.64	$291.34	$115.57	$204.40	$246.82	$370.76	$372.85
70	$228.98	$319.79	$302.84	$120.13	$212.47	$256.56	$385.40	$387.57
71	$237.67	$331.93	$314.34	$124.69	$220.53	$266.31	$400.03	$402.29
72	$246.37	$344.08	$325.84	$129.25	$228.60	$276.05	$414.67	$417.01
73	$255.06	$356.22	$337.34	$133.82	$236.67	$285.79	$429.30	$431.72
74	$263.76	$368.36	$348.84	$138.38	$244.74	$295.54	$443.94	$446.44
75	$272.45	$380.51	$360.34	$142.94	$252.81	$305.28	$458.57	$461.16
76	$281.15	$392.65	$371.84	$147.50	$260.88	$315.02	$473.21	$475.88
	Standard Rates for individuals ages 77 and older							
77+	$289.85	$404.80	$383.35	$152.07	$268.95	$324.77	$487.85	$490.60

Group 2	Applies to individuals whose plan effective date will be ten or more years following their 65th birthday or Medicare Part B effective date, if later.							
Age[1]	**Plan A**	**Plan B**	**Plan G**	**Plan K**	**Plan L**	**Plan N**	**Plan C[3]**	**Plan F[3]**
	Level 2 Rates							
75+	$362.31	$506.00	$479.18	$190.08	$336.18	$405.96	$609.81	$613.25

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

Cover Page - Rates
Under 65 Monthly Plan Rates
for California - Area 7

AARP® Medicare Supplement Insurance Plans
insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants							Medicare first eligible before 2020 only[3]	
Group 3	Applies to individuals age 50-64 who are eligible for Medicare.							
Age[1]	**Plan A**	**Plan B**	**Plan G[4]**	**Plan K**	**Plan L**	**Plan N**	**Plan C[3]**	**Plan F[3]**
	Non-Tobacco Rates							
50-64	$329.36	$459.99	$435.61	$172.80	N/A	N/A	$554.36	$557.49
	Tobacco Rates							
50-64	$362.29	$505.98	$479.17	$190.08	N/A	N/A	$609.79	$613.23

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

1 Your age as of your plan effective date.

2 The **Enrollment Discount** is available to applicants age 65 to 76. You may qualify for an Enrollment Discount based on your age and your Medicare Part B effective date. If you are eligible, the discounted rates will be shown.

Who is eligible
You are eligible for the enrollment discount if you are between the ages of 65 and 76 and your plan effective date is within ten years following your 65th birthday or Medicare Part B effective date.

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

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

4 **NOTE (for individuals age 50-64 who are eligible for Medicare): Plan G is only available to eligible Applicants with a Medicare Part A effective date on or after 1/1/2020.**

CALIFORNIA Area 7 ZIP Codes

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

92328	93541	95481	96068
92384	93542	95482	96085
92389	93545	95488	96086
93201	93546	95490	96094
93207	93549	95494	96097
93208	93603	95568	96101
93218	93615	95585	96103
93219	93618	95587	96104
93221	93633	95620	96105
93223	93647	95625	96106
93227	93666	95687	96107
93235	93670	95688	96108
93237	93673	95696	96109
93244	94510	95915	96110
93247	94512	95923	96112
93256	94533	95934	96113
93257	94534	95947	96114
93258	94535	95956	96115
93260	94571	95971	96116
93261	94585	95980	96117
93262	94589	95983	96119
93265	94590	95984	96121
93267	94591	96006	96122
93270	94592	96009	96123
93271	95410	96014	96127
93272	95415	96015	96128
93274	95417	96020	96129
93275	95418	96023	96130
93277	95420	96025	96132
93278	95427	96027	96133
93279	95428	96031	96134
93282	95429	96032	96135
93286	95432	96034	96136
93290	95437	96037	96137
93291	95445	96038	97635
93292	95449	96039	
93512	95454	96044	
93513	95456	96045	
93514	95459	96050	
93515	95460	96053	
93517	95463	96054	
93522	95466	96057	
93526	95468	96058	
93529	95469	96064	
93530	95470	96067	

AARP | Medicare Supplement from UnitedHealthcare

Your Guide to AARP Medicare Supplement Insurance Plans

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

Eligibility to Apply

To be eligible to apply, you must be an AARP member or spouse of a member, age 50 or older, enrolled in both Part A and Part B of Medicare, and not duplicating any Medicare Supplement coverage. (If you are age 50-64 and eligible for Medicare by reason of disability and do not have End-Stage Renal Disease and are not in your Birthday Open Enrollment Period and replacing a Medicare Supplement plan, you must apply within 6 months after enrolling in Medicare Part B or receiving notification of retroactive eligibility for Medicare Part B, unless you're entitled to Guaranteed Issue as shown in the following "Guaranteed Issue" section. If you were **eligible for Medicare Part A before 1/1/2020**, you may only apply for Plan A, B, C, F or K. If you are **eligible for Medicare Part A on or after 1/1/2020**, you may only apply for Plan A, B, G or K.).

Guaranteed Issue

- Your acceptance in any plan for which you're eligible to enroll is guaranteed during your **Medicare Supplement Open Enrollment Period**, which lasts for 6 months beginning with the first day of the month in which you are both age 65 or older and enrolled in Medicare Part B.
- **There is also an annual 60-day Birthday Enrollment Period** that begins on your birthday and you are replacing a Medicare Supplement plan (including Medicare Select) with a Medicare Supplement plan that has equal or lesser benefits. Your Application must be received no later than the 59 days after your birth date. If you were **eligible for Medicare Part A before 1/1/2020** and the previous Plan you had was an AARP Medicare Supplement Plan, you may apply for Plan A, B, C, F, G, K, L or N which has equal or lesser benefits than your prior AARP Medicare Supplement Plan without having to answer health questions. If the previous Plan you had was with another insurer, you may apply for Plan A, B, C, F, G, K, L or N which has equal or lesser benefits than your prior Medicare Supplement plan without having to answer health questions. If you choose to apply for a Plan that has more benefits than your previous Plan, you may have to answer health questions. If you are **eligible for Medicare Part A on or after 1/1/2020** and the previous Plan you had was an AARP Medicare Supplement Plan, you may apply for Plan A, B, G, K, L or N which has equal or lesser benefits than your prior AARP Medicare Supplement Plan without having to answer health questions. If the previous Plan you had was with another carrier, you may apply for Plan A, B, G, K, L or N which has equal or lesser benefits than your prior Medicare Supplement plan without having to answer health questions. If you choose to apply for a Plan that has more benefits than your previous Plan, you may have to answer health questions.

  If you are replacing a Medicare Supplement plan from another Insurer, please provide proof of the plan being replaced.
- You may also qualify for a **Six-Month Open Enrollment Period if any one of the following applies to you**: a) you lost an employer-sponsored health plan; b) you lost "Medi-Cal" due to an increase in your income or assets; c) you are a military retiree, or spouse of a retiree, and had your health care services cancelled due to a base closure, because the base no longer offers services, or because you relocated; or d) you had your Medicare Supplement coverage cancelled because your residence changed to a location not serviced by your plan. If you were **eligible for Medicare Part A before 1/1/2020**, you may apply for Plan A, B, C, F, G, K, L or N. If you are **eligible for Medicare Part A on or after 1/1/2020**, you may apply for Plan A, B, G, K, L or N.

  If you're guaranteed acceptance for one of these scenarios, you must provide proof of the situation.
- Also, you may have a guaranteed issue right to enroll in a Medicare Supplement plan in certain situations. Some examples:
  - you have a specific type of health insurance coverage that changes in some way, such as a loss of the health insurance coverage, or
  - you enrolled with a "trial right" to try a Medicare Advantage Plan but change your mind and want to switch back to a Medicare Supplement plan during the trial period.

  If you have a guaranteed issue right, you must provide proof of your prior plan if you are replacing coverage, or provide a copy of the notice, disenrollment letter or other documentation you received if you lost or are losing coverage. Your Application Form must be received no more than 63 days (123 days for an involuntary loss of a Medicare Advantage Plan) after the termination date of your prior coverage. The documentation should include the type of coverage being lost or replaced, the termination reason, the termination date and the name of the person(s) who lost, is losing, or is replacing coverage.

If you have questions about guaranteed issue rights, please see *The Guide to Health Insurance for People with Medicare*, which can be found at www.Medicare.gov/publications. You may also want to contact the administrator of your prior health insurance plan or your local Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222.

Exclusions

- Benefits provided under Medicare.
- Care not meeting Medicare's standards.
- Injury or sickness that has been legally determined to be payable by Workers' Compensation or similar insurance, or for which the other insurance has paid.
- Stays or treatment provided by a government-owned or -operated hospital or facility unless payment of charges is required by law.

Continued ...

- Stays, care, or visits for which no charge would be made to you in the absence of insurance.
- Any expenses you incur during the first 3 months after your effective date will not be considered if due to a pre-existing condition. A pre-existing condition is a condition for which medical advice was given or treatment was recommended by or received from a physician within 3 months prior to your plan's effective date.

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

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

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

You Cannot Be Singled Out for Cancellation

Your AARP Medicare Supplement Plan can never be cancelled because of your age, your health, or the number of claims you make. Your AARP Medicare Supplement Plan may be cancelled due to nonpayment of premium or material misrepresentation. If the group policy terminates and is not replaced by another group policy providing the same type of coverage, you may convert your AARP Medicare Supplement Plan to an individual Medicare Supplement policy issued by UnitedHealthcare. Of course, you may cancel your AARP Medicare Supplement Plan any time you wish. All transactions go into effect on the first of the month following receipt of the request.

The AARP Insurance Trust

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

General Information

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

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

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

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

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

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

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

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

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

MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

***** 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.

Services	Medicare Pays	Plan A		Plan B	
		Plan Pays	You Pay	Plan Pays	You Pay
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies.					
First 60 days	All but $1,736	$0	$1,736 (Part A deductible)	$1,736 (Part A deductible)	$0
61st thru 90th day	All but $434 per day	$434 per day	$0	$434 per day	$0
91st day and after: While using 60 lifetime reserve days	All but $868 per day	$868 per day	$0	$868 per day	$0
Once lifetime reserve days are used: Additional 365 days	$0	100% of Medicare-eligible expenses	$0**	100% of Medicare-eligible expenses	$0**
Beyond the additional 365 days	$0	$0	All costs	$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	$0	$0
21st thru 100th day	All but $217 per day	$0	Up to $217 per day	$0	Up to $217 per day
101st day and after	$0	$0	All costs	$0	All costs
BLOOD					
First 3 pints	$0	3 pints	$0	3 pints	$0
Additional amounts	100%	$0	$0	$0	$0
HOSPICE CARE					
You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	$0	Medicare copayment/ coinsurance	$0

**** 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.

MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

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

Services	Medicare Pays	Plan A		Plan B	
		Plan Pays	You Pay	Plan Pays	You Pay
MEDICAL EXPENSES INCLUDES TREATMENT IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as: physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.					
First $283 of Medicare Approved Amounts*	$0	$0	$283 (Part B deductible)	$0	$283 (Part B deductible)
Remainder of Medicare Approved amounts	Generally 80%	Generally 20%	$0	Generally 20%	$0
PART B EXCESS CHARGES					
Above Medicare Approved amounts	$0	$0	All costs	$0	All costs
BLOOD					
First 3 pints	$0	All costs	$0	All costs	$0
Next $283 of Medicare Approved amounts*	$0	$0	$283 (Part B deductible)	$0	$283 (Part B deductible)
Remainder of Medicare Approved amounts	80%	20%	$0	20%	$0
CLINICAL LABORATORY SERVICES					
Tests for diagnostic services	100%	$0	$0	$0	$0

PARTS A & B

HOME HEALTH CARE MEDICARE APPROVED SERVICES					
Medically necessary skilled care services and medical supplies	100%	$0	$0	$0	$0
Durable medical equipment					
First $283 of Medicare Approved amounts*	$0	$0	$283 (Part B deductible)	$0	$283 (Part B deductible)
Remainder of Medicare Approved amounts	80%	20%	$0	20%	$0

MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

* 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.

Services	Medicare Pays	Plan C		Plan F		Plan G	
		Plan Pays	You Pay	Plan Pays	You Pay	Plan Pays	You Pay
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies							
First 60 days	All but $1,736	$1,736 (Part A deductible)	$0	$1,736 (Part A deductible)	$0	$1,736 (Part A deductible)	$0
61st thru 90th day	All but $434 per day	$434 per day	$0	$434 per day	$0	$434 per day	$0
91st day and after: -While using 60 lifetime reserve days	All but $868 per day	$868 per day	$0	$868 per day	$0	$868 per day	$0
-Once lifetime reserve days are used: -Additional 365 days	$0	100% of Medicare eligible expenses	$0**	100% of Medicare eligible expenses	$0**	100% of Medicare eligible costs	$0**
-Beyond the additional 365 days	$0	$0	All costs	$0	All costs	$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	$0	$0	$0	$0
21st thru 100th day	All but $217 per day	Up to $217 per day	$0	Up to $217 per day	$0	Up to $217 per day	$0
101st day and after	$0	$0	All costs	$0	All costs	$0	All costs
BLOOD							
First 3 pints	$0	3 pints	$0	3 pints	$0	3 pints	$0
Additional amounts	100%	$0	$0	$0	$0	$0	$0
HOSPICE CARE							
You must meet Medicare's requirements, including a doctor's certification of terminal illness	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	$0	Medicare copayment/ coinsurance	$0	Medicare copayment/ coinsurance	$0

** **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.

MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

* Once you have been billed $283 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

Services	Medicare Pays	Plan C		Plan F		Plan G	
		Plan Pays	You Pay	Plan Pays	You Pay	Plan Pays	You Pay
MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment							
First $283 of Medicare Approved Amounts*	$0	$283 (Part B deductible)	$0	$283 (Part B deductible)	$0	$0	$283 (Part B deductible)
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	$0	Generally 20%	$0	Generally 20%	$0
PART B EXCESS CHARGES							
(Above Medicare Approved Amounts)	$0	$0	All costs	100%	$0	100%	$0
BLOOD							
First 3 pints	$0	All costs	$0	All costs	$0	All costs	$0
Next $283 of Medicare Approved Amounts*	$0	$283 (Part B deductible)	$0	$283 (Part B deductible)	$0	$0	$283 (Part B deductible)
Remainder of Medicare Approved Amounts	80%	20%	$0	20%	$0	20%	$0
CLINICAL LABORATORY SERVICES-							
TESTS FOR DIAGNOSTIC SERVICES	100%	$0	$0	$0	$0	$0	$0

PARTS A & B

Services	Medicare Pays	Plan C		Plan F		Plan G	
		Plan Pays	You Pay	Plan Pays	You Pay	Plan Pays	You Pay
HOME HEALTH CARE							
MEDICARE APPROVED SERVICES							
-Medically necessary skilled care services and medical supplies	100%	$0	$0	$0	$0	$0	$0
-Durable medical equipment First $283 of Medicare Approved amounts*	$0	$283 (Part B deductible)	$0	$283 Part B deductible)	$0	$0	$283 (Part B deductible)
Remainder of Medicare Approved amounts	80%	20%	$0	20%	$0	20%	$0

OTHER BENEFITS - NOT COVERED BY MEDICARE							
Services	**Medicare Pays**	**Plan C**		**Plan F**		**Plan G**	
		Plan Pays	**You Pay**	**Plan Pays**	**You Pay**	**Plan Pays**	**You Pay**
FOREIGN TRAVEL - NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA							
First $250 each calendar year	$0	$0	$250	$0	$250	$0	$250
Remainder of charges	$0	80% to a lifetime maximum benefit of $50,000	20% and amounts over the $50,000 lifetime maximum	80% to a lifetime maximum benefit of $50,000	20% and amounts over the $50,000 lifetime maximum	80% to a lifetime maximum benefit of $50,000	20% and amounts over the $50,000 lifetime maximum

* You will pay half (one-fourth for Plan L) of the cost-sharing of some covered services until you reach the annual out-of-pocket limit of $8000 ($4000 for Plan L) each calendar year. The amounts that count toward your annual limit are noted with diamonds (♦). Once you reach the annual limit, the plan pays 100% of the Medicare co-payment and co-insurance for the rest of the calendar year. However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called "Excess Charges") and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.

MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

** 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.

Services	Medicare Pays	Plan K		Plan L		Plan N	
		Plan Pays	You Pay*	Plan Pays	You Pay*	Plan Pays	You Pay
HOSPITALIZATION** Semiprivate room and board, general nursing and miscellaneous services and supplies.							
First 60 days	All but $1,736	$868 (50% of Part A deductible)	$868 (50% of Part A deductible)♦	$1,302 (75% of Part A deductible)	$434 (25% of Part A Deductible)♦	$1,736 (Part A deductible)	$0
61st through 90th day	All but $434 per day	$434 per day	$0	$434 per day	$0	$434 per day	$0
91st day and after: While using 60 lifetime reserve days	All but $868 per day	$868 per day	$0	$868 per day	$0	$868 per day	$0
Once lifetime reserve days are used: Additional 365 days	$0	100% of Medicare-eligible costs	$0***	100% of Medicare-eligible costs	$0***	100% of Medicare-eligible costs	$0***
Beyond the additional 365 days	$0	$0	All costs	$0	All costs	$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	$0	$0	$0	$0
21st thru 100th day	All but $217 per day	Up to $108.50 per day (50% of Part A coinsurance)	Up to $108.50 per day♦ (50% of Part A coinsurance)	Up to $162.75 per day (75% of Part A coinsurance)	Up to $54.25 per day♦ (25% of Part A coinsurance)	Up to $217 per day	$0
101st day and after	$0	$0	All costs	$0	All costs	$0	All costs
BLOOD							
First 3 pints	$0	50%	50%♦	75%	25%♦	3 pints	$0
Additional amounts	100%	$0	$0	$0	$0	$0	$0

*** **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.

MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD, CONTINUED

**** Once you have been billed $283 of Medicare Approved amounts for covered services (which are noted with asterisks), your Part B deductible will have been met for the calendar year.

Services	Medicare Pays	Plan K		Plan L		Plan N	
		Plan Pays	You Pay*	Plan Pays	You Pay*	Plan Pays	You Pay
HOSPICE CARE							
You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	50% of copayment/ coinsurance	50% of Medicare copayment/ coinsurance ♦	75% of copayment/ coinsurance	25% of Medicare copayment/ coinsurance ♦	Medicare copayment/ coinsurance	$0

MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

MEDICAL EXPENSES INCLUDES TREATMENT IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as: physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.							
First $283 of Medicare Approved amounts****	$0	$0	$283 (Part B deductible) ****♦	$0	$283 (Part B deductible) **** ♦	$0	$283 (Part B deductible)
Preventive Benefits for Medicare Covered Services	Generally 80% or more of Medicare Approved amounts	Remainder of Medicare Approved amounts	All costs above Medicare Approved amounts	Remainder of Medicare Approved amounts	All costs above Medicare Approved amounts	Balance, other than up to $20 per office visit	Up to $20 per office visit

* This plan limits your annual out-of-pocket payments for Medicare Approved amount to $8000 per calendar year ($4000 for Plan L). However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called "Excess Charges") and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.

MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR, CONTINUED

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

Services	Medicare Pays	Plan K		Plan L		Plan N	
		Plan Pays	You Pay*	Plan Pays	You Pay*	Plan Pays	You Pay
Remainder of Medicare Approved amounts	Generally 80%	Generally 10%	Generally 10%♦	Generally 15%	Generally 5%♦	Balance, other than up to $20 per office visit and up to $50 per emergency room visit. The co-payment of up to $50 is waived if you are admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.	Up to $20 per office visit and up to $50 per emergency room visit. The co-payment of up to $50 is waived if you are admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.
PART B EXCESS CHARGES							
Above Medicare Approved amounts	$0	$0	All costs (and they do not count toward annual out-of-pocket limit of $8000)*	$0	All costs (and they do not count toward annual out-of-pocket limit of $4000)*	$0	All costs
BLOOD							
First 3 pints	$0	50%	50%♦	75%	25%♦	All costs	$0
Next $283 of Medicare Approved amounts****	$0	$0	$283 (Part B deductible) ****♦	$0	$283 (Part B deductible) ****♦	$0	$283 (Part B deductible)
Remainder of Medicare Approved amounts	Generally 80%	Generally 10%	Generally 10%♦	Generally 15%	Generally 5%♦	20%	$0

* This plan limits your annual out-of-pocket payments for Medicare Approved amount to $8000 per calendar year ($4000 for Plan L). However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called “Excess Charges”) and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.

MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR, CONTINUED

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

Services	Medicare Pays	Plan K		Plan L		Plan N	
		Plan Pays	You Pay*	Plan Pays	You Pay*	Plan Pays	You Pay
CLINICAL LABORATORY SERVICES							
Tests for diagnostic services	100%	$0	$0	$0	$0	$0	$0
PARTS A & B							
HOME HEALTH CARE							
MEDICARE APPROVED SERVICES							
Medically necessary skilled care services and medical supplies	100%	$0	$0	$0	$0	$0	$0
Durable medical equipment							
First $283 of Medicare Approved amounts*****	$0	$0	$283 (Part B deductible)♦	$0	$283 (Part B deductible)♦	$0	$283 (Part B deductible)
Remainder of Medicare Approved amounts	80%	10%	10%♦	15%	5%♦	20%	$0

* This plan limits your annual out-of-pocket payments for Medicare Approved amount to $8000 per calendar year ($4000 for Plan L). However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called “Excess Charges”) and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.

*****Medicare benefits are subject to change. Please consult the latest Guide to Health Insurance for People with Medicare.

OTHER BENEFITS - NOT COVERED BY MEDICARE							
Services	**Medicare Pays**	**Plan K**		**Plan L**		**Plan N**	
		Plan Pays	**You Pay**	**Plan Pays**	**You Pay**	**Plan Pays**	**You Pay**
FOREIGN TRAVEL - NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA.							
First $250 each calendar year	$0	$0	All costs	$0	All costs	$0	$250
Remainder of charges	$0	$0	All costs	$0	All costs	80% to a lifetime maximum benefit of $50,000	20% and amounts over the $50,000 lifetime maximum

Rules and Disclosures about this Insurance

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

Premium information

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

Disclosures

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

Read your certificate very carefully

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

Your right to return the certificate

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

UNITEDHEALTHCARE
PO BOX 9003
HUNTINGDON VALLEY PA 19006-9998

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

Policy replacement

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

Notice

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

Complete answers are very important

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

AARP | Medicare Supplement
from UnitedHealthcare

Enrollment Checklist

In the following section, you will find the forms you need to complete when applying for coverage. Please be sure to complete and submit all the necessary forms to ensure your enrollment is processed quickly and accurately.

Here is an overview of the different forms and some helpful tips:

Application Form

- ❑ Be sure to review and complete each applicable section.
- ❑ Please only write comments where indicated on the application.
- ❑ Be sure to sign and date the application in all the places indicated.

AARP Membership Form

AARP membership is required to enroll in an AARP Medicare Supplement Plan, insured by UnitedHealthcare Insurance Company. If you are not currently an AARP member or are unsure, you may enroll, renew or verify in one of three ways:

- ❑ Log on to aarp.org/ActToday;
- ❑ Call toll-free 1-866-331-1964; or
- ❑ Complete the membership form and submit it with the plan application, along with a separate check for $20.00 payable to AARP.
  - Note: One membership covers both the member and another individual living in the same household. Therefore, only one membership application is required if two individuals of a household are applying for AARP membership.

Electronic Funds Transfer (EFT) Authorization Form

Automatic payments are available; if requesting, you may deduct $2 from the first month's premium check.

- ❑ Submit the completed form (signed and dated).

Notice to Applicants Regarding Replacement of Coverage

If you are replacing or losing current coverage as indicated on the form:

- ❑ Complete both copies of the form, submit one copy with the enrollment application, and keep the other copy for your records.
  - The licensed insurance agent must also sign and date both copies of the form.

If Reply Envelope Is Missing

Please mail completed application to: UnitedHealthcare Insurance Company
P.O. Box 105331
Atlanta, GA 30348-5331

(Over Please)

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

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

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

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

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

See the following materials for complete information including benefits, costs, eligibility requirements, exclusions and limitations.

Application Form

AARP® Medicare Supplement Insurance Plans

Insured by
UnitedHealthcare Insurance Company (UnitedHealthcare),
Hartford, CT 06103

Instructions

1. Fill in all requested information on this Application Form and sign in all places a signature is needed.

2. Print clearly, using CAPITAL letters AND black or blue ink - not pencil. *Example:* ☒ Yes ☐ No ☐ Not Sure

3. Initial any changes or corrections you make while completing this Application Form.

Note: Plans and rates are only good for residents of the state of California. The information you provide on this Application Form will be used to determine your acceptance and rate.

TEAR HERE

TEAR HERE

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

Applicant First Name MI Last Name

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

Permanent Home Address Line 2 City State Zip

Mailing Address Line 1 (if different from permanent address)

Mailing Address Line 2 City State Zip

1 Provide additional information about yourself and your Medicare Insurance.

( ) -

1A. Phone Number **1B.** Email address (optional). Include periods (.) and symbols (@).

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

1C. Birthdate ____ / ____ / ____ (Month / Day / Year) **1D.** Gender ☐ Male ☐ Female

1E. Medicare Number_____ (From your Medicare card.)

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

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

2460720307 _AGT

First Name Last Name

2 Choose your Plan and start date.

Plan Choice

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

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

NOTE: If you are age 50-64 and eligible for Medicare by reason of disability and do not have End-Stage Renal Disease and are not in your Birthday Open Enrollment Period and replacing a Medicare Supplement plan, you must apply within 6 months after enrolling in Medicare Part B or receiving notification of retroactive eligibility for Medicare Part B, unless you are entitled to guaranteed issue of a Medicare Supplement plan as shown under the "Guaranteed Issue" section in "Your Guide." If you were **enrolled in Medicare Part A before 1/1/2020**, you may only apply for Plan A, B, C, F or K. If you were **enrolled in Medicare Part A on or after 1/1/2020**, you may only apply for Plan A, B, G or K.

Please choose 1 Plan for which you are eligible to apply from the right-hand column. Important: Plans C and F are only available to eligible Applicants who turned 65 or enrolled in Medicare Part A prior to 1/1/2020. If you are age 50-64 and eligible for Medicare by reason of disability, please see the Plan information shown above. Please call if you have questions.

☐ Plan A ☐ Plan B
☐ Plan C
☐ Plan F ☐ Plan G
☐ Plan K ☐ Plan L
☐ Plan N

Plan Start Date

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

/ 01 /
Month Day Year

3 Answer these questions to determine if your acceptance is guaranteed.

3A. Are you enrolling during your annual 60-day Birthday Enrollment Period that begins on your birthday **AND** are you replacing a Medicare Supplement plan with a Medicare Supplement plan that has equal or lesser benefits? **If you are replacing a Medicare Supplement plan from another Insurer, please provide proof of the plan being replaced.** See "Your Guide" for more information.

☐ Yes ☐ No

- If **YES**, go directly to **Section 8**. You do not have to answer the questions in **Sections 4, 5, 6 and 7**.
- If **NO**, and you are:
  - **age 65 or over,** skip **Question 3B** and go directly to **Question 3C**.
  - **age 50-64**, you must answer **Question 3B**.

TEAR HERE

TEAR HERE

First Name Last Name

3 Answer these questions to determine if your acceptance is guaranteed. (continued)

California law prohibits an HIV test from being required or used by health insurance companies as a condition of obtaining health insurance coverage.

3B. During the past two years, were you diagnosed or treated for end-stage renal (kidney) disease? ☐Yes ☐No ☐Not Sure

- If **YES**, you are **NOT** eligible for these plans at this time.
- If **NO**, you must answer **Question 3C**.
- If you're **NOT SURE**, you must answer **Question 3C**. We may also contact you for further information to determine your acceptance.

TEAR HERE

3C. Will your AARP Medicare Supplement Plan start date be within 6 months after you turn age 65 **or** enroll in Medicare Part B? ☐Yes ☐No

- If **YES**, your acceptance is guaranteed. Go directly to **Section 8**.
- If **NO**, continue to **Question 3D**.

3D. Is your acceptance guaranteed as described below? ☐Yes ☐No

Answer "**YES**" if **any one** of the following applies to you:

- you lost an employer-sponsored health plan within the last 6 months,
- you have lost Medi-Cal within the last 6 months due to an increase in your income or assets,
- you are a military retiree, or spouse of a retiree, and your health care services were cancelled within the last 6 months due to a base closure, because the base no longer offers services or because you relocated,
- your Medicare Supplement (including Medicare Select) coverage cancelled within the last 6 months because your residence changed to a location not serviced by your plan.

If you're guaranteed acceptance for one of these scenarios, you must provide proof of the situation.

- If **YES**, go directly to **Section 8**.
- If **NO**, continue to **Question 3E**.

TEAR HERE

3E. Have you lost, are you losing, or are you replacing health insurance coverage and are eligible for guaranteed issue of a Medicare Supplement plan, or do you have a Medicare Advantage Plan "trial right"? ☐Yes ☐No

If you have a guaranteed issue right, you must provide proof of your prior plan if you are replacing coverage, or provide a copy of the notice, disenrollment letter or other documentation you received if you lost or are losing coverage. Your Application Form must be received no more than 63 days (123 days for an involuntary loss of a Medicare Advantage Plan) after the termination date of your prior coverage. The documentation should include the type of coverage being lost or replaced, the termination reason, the termination date and the name of the person(s) who lost, is losing, or is replacing coverage.

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

First Name Last Name

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

4 Tell us about your medical providers. Do not provide this information if you are in your Open Enrollment or entitled to guaranteed issue.

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

California law prohibits an HIV test from being required or used by health insurance companies as a condition of obtaining health insurance coverage.

TEAR HERE

Primary Physician ( ) - Phone #

Specialist Name Specialty ( ) - Phone #

Diagnosis/Condition

Specialist Name Specialty ( ) - Phone #

Diagnosis/Condition

5 Answer this health question. Do not answer this question if you are in your Open Enrollment or entitled to guaranteed issue. If you answer YES or NOT SURE, we may follow up for additional information.

California law prohibits an HIV test from being required or used by health insurance companies as a condition of obtaining health insurance coverage.

TEAR HERE

5A. Within the past 2 years, did a medical professional provide treatment or advice to you for any problems with your kidneys other than kidney stones? ☐Yes ☐No ☐Not Sure

6 Answer these health questions. Do not answer these questions if you are in your Open Enrollment or entitled to guaranteed issue. If you answer YES to any question, you are not eligible for coverage. If you answer NOT SURE, we may follow up for additional information.

California law prohibits an HIV test from being required or used by health insurance companies as a condition of obtaining health insurance coverage.

6A. Were you hospitalized as an inpatient (not including overnight Outpatient observation)
- within the past 90 days or
- 3 or more times within the past 2 years?

☐Yes ☐No ☐Not Sure

First Name Last Name

6 **Answer these health questions. Do not answer these questions if you are in your Open Enrollment or entitled to guaranteed issue.** If you answer YES to any question, you are not eligible for coverage. If you answer NOT SURE, we may follow up for additional information. (continued)

6B. Are you confined to a bed, receiving home health care, or currently being treated or living in any type of nursing facility other than an assisted living facility?	☐Yes ☐No ☐Not Sure
6C. Within the past 2 years, did you receive IV infusions or injections for Primary Immunodeficiency Syndrome?	☐Yes ☐No ☐Not Sure
6D. Has a medical professional ever told you that you have End-Stage Renal (Kidney) Disease (ESRD) or that you may or will require dialysis?	☐Yes ☐No ☐Not Sure
6E. Within the past 5 years, were you diagnosed with, treated, given medical advice, or prescribed medications by a medical professional for: • Leukemia, Lymphoma or Multiple Myeloma?	☐Yes ☐No ☐Not Sure
6F. Within the past 3 years, were you diagnosed with, treated, given medical advice, or prescribed medications by a medical professional for: • Cancer (other than Leukemia, Lymphoma, or Multiple Myeloma) • Melanoma or Metastatic Merkel Cell (but not other skin cancers)?	☐Yes ☐No ☐Not Sure
6G. Within the past year, did a medical professional tell you that you may need any of the following that **has NOT been completed**: • Any surgery, biopsy, further evaluation, treatment, or diagnostic testing?	☐Yes ☐No ☐Not Sure
6H. Are you awaiting any diagnostic test results?	☐Yes ☐No ☐Not Sure
6I. Within the past 5 years, did a medical professional tell you that you have or were you diagnosed with, treated, given medical advice, or prescribed medications for any of the following?	
• Pulmonary Heart Disease, Heart Failure, Ventricular Tachycardia, or a cardiac defibrillator	☐Yes ☐No ☐Not Sure
• Diabetes, but only if you have Neuropathy, Retinopathy, any kidney problems, proteinuria, or any circulation problems	☐Yes ☐No ☐Not Sure
• Liver Fibrosis or Cirrhosis, Liver Failure or Chronic Kidney Disease (CKD)	☐Yes ☐No ☐Not Sure
• Amyotrophic Lateral Sclerosis (ALS) or Multiple Sclerosis (MS)	☐Yes ☐No ☐Not Sure
• Alzheimer's Disease, Dementia, or Parkinson's Disease	☐Yes ☐No ☐Not Sure
• Any condition that resulted in, or will require a bone marrow, stem cell, or organ transplant	☐Yes ☐No ☐Not Sure

TEAR HERE

TEAR HERE

First Name Last Name

6 Answer these health questions. Do not answer these questions if you are in your Open Enrollment or entitled to guaranteed issue. If you answer YES to any question, you are not eligible for coverage. If you answer NOT SURE, we may follow up for additional information. (continued)

6J. Within the past 2 years, did a medical professional tell you that you have or were you diagnosed with, treated, given medical advice, or prescribed medications for any of the following?			
• Artery blockage, or had bypass surgery, stents, or balloon angioplasty	☐Yes	☐No	☐Not Sure
• Heart Attack, Cardiomyopathy, an Enlarged Heart, or Atrial Fibrillation	☐Yes	☐No	☐Not Sure
• Carotid Artery Disease, Stroke, Transient Ischemic Attack (TIA), or Mini-Stroke	☐Yes	☐No	☐Not Sure
• Peripheral Vascular Disease (PVD) or Amputation due to disease	☐Yes	☐No	☐Not Sure
• Chronic Obstructive Pulmonary Disease (COPD), Emphysema, or Cystic Fibrosis	☐Yes	☐No	☐Not Sure
• Any lung or respiratory disorder: - requiring the use of a nebulizer or oxygen, - on 3 or more medications, or - currently using tobacco products	☐Yes	☐No	☐Not Sure
• Hemophilia, Hepatitis (other than A) or Pancreatitis	☐Yes	☐No	☐Not Sure
• Osteoporosis, but only if you received injections or have had a fracture	☐Yes	☐No	☐Not Sure
• Spinal Stenosis, Quadriplegia, Paraplegia, or Hemiplegia	☐Yes	☐No	☐Not Sure
• Psoriatic Arthritis or Rheumatoid Arthritis	☐Yes	☐No	☐Not Sure
• Systemic Lupus Erythematosus (SLE) or Myasthenia Gravis	☐Yes	☐No	☐Not Sure
• Macular Degeneration, but only if you have the Wet form	☐Yes	☐No	☐Not Sure
• Bipolar Disorder or Schizophrenia	☐Yes	☐No	☐Not Sure
• Alcoholism or Drug Abuse	☐Yes	☐No	☐Not Sure

6K. Within the past 2 years, did you receive any of the following:
- Skin grafts, or
- Blood transfusions, IV infusions or injections (not including vaccinations or B12 injections) for any of the following conditions?
  - Asthma
  - Autoimmune disorders
  - Blood disorders
  - Cognitive impairment
  - Connective tissue disorders
  - Eye disorders
  - Genetic or Hereditary disorders
  - Migraine headaches
  - Osteoarthritis

☐Yes ☐No ☐Not Sure

7 Tell us about your tobacco usage – Do not answer this question if you are in your Open Enrollment or entitled to guaranteed issue. If you answer YES to this question, your rate will be the tobacco rate (see "Cover Page - Rates").

7A. At any time within the past 12 months, have you smoked tobacco cigarettes or used any other tobacco product? ☐Yes ☐No

TEAR HERE

TEAR HERE

First Name Last Name

8 Your past and current coverage

Review the statements.

- You do not need more than one Medicare Supplement policy.
- You may want to evaluate your existing health coverage and decide if you need multiple coverages.
- You may be eligible for benefits under Medi-Cal and may not need a Medicare Supplement policy.
- If, after purchasing this policy, you become eligible for Medi-Cal, the benefits and premiums under your Medicare Supplement policy can be suspended, if requested, during your entitlement to benefits under Medi-Cal for 24 months. You must request this suspension within 90 days of becoming eligible for Medi-Cal. If you are no longer entitled to Medi-Cal, your suspended Medicare Supplement policy (or, if that is no longer available, a substantially equivalent policy) will be reinstituted if requested within 90 days of losing Medi-Cal eligibility. If the Medicare Supplement policy provided coverage for outpatient prescription drugs and you enrolled in Medicare Part D while your policy was suspended, the reinstituted policy will not have outpatient prescription drug coverage, but will otherwise be substantially equivalent to your coverage before the date of the suspension.
- If you are eligible for, and have enrolled in a Medicare Supplement policy by reason of disability and you later become covered by an employer or union-based group health plan, the benefits and premiums under your Medicare Supplement policy can be suspended, if requested, while you are covered under the employer or union-based group health plan. If you suspend your Medicare Supplement policy under these circumstances, and later lose your employer or union-based group health plan, your suspended Medicare Supplement policy (or, if that is no longer available, a substantially equivalent policy) will be reinstituted if requested within 90 days of losing your employer or union-based group health plan. If the Medicare Supplement policy provided coverage for outpatient prescription drugs and you enrolled in Medicare Part D while your policy was suspended, the reinstituted policy will not have outpatient prescription drug coverage, but will otherwise be substantially equivalent to your coverage before the date of the suspension.
- Counseling services are available in this state to provide advice concerning your purchase of Medicare Supplement insurance and concerning medical assistance through the Medi-Cal program, including benefits as a qualified Medicare beneficiary (QMB) and a specified low-income Medicare beneficiary (SLMB). If you want to discuss buying Medicare Supplement insurance with a trained insurance counselor, call the California Department of Insurance's toll-free telephone number 1-800-927-HELP, or access the Department's Internet Web site, www.insurance.ca.gov, and ask how to contact your local Health Insurance Counseling and Advocacy Program (HICAP) office. HICAP is a service provided free of charge by the State of California.

If you lost or are losing other health insurance coverage and received a notice from your prior insurer saying you were eligible for guaranteed issue of a Medicare Supplement insurance policy, or that you had certain rights to buy such a policy, you may be guaranteed acceptance in one or more of our Medicare Supplement plans. Please include a copy of the notice from your prior insurer with your Application Form.

TEAR HERE

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PLEASE ANSWER ALL QUESTIONS.

To the best of your knowledge,	
8A. Did you turn 65 years of age in the last 6 months?	☐Yes ☐No
8B. Did you enroll in Medicare Part B in the last 6 months?	☐Yes ☐No
8C. If YES, what is the effective date?	/01/ Month Day Year
Questions about Medi-Cal	
8D. Are you covered for medical assistance through California's Medi-Cal program? **Note to applicant:** If you have not met your share of cost under the Medi-Cal program, please answer NO to this question. **If YES, you must answer Questions 8E and 8F.** **If NO, skip to Question 8G.**	☐Yes ☐No

First Name Last Name

8 Your past and current coverage (continued)

8E. Will Medi-Cal pay your premiums for this Medicare Supplement policy?	☐Yes ☐No
8F. Do you receive any benefits from Medi-Cal OTHER THAN payments toward your Medicare Part B premium?	☐Yes ☐No
Questions about Medicare Advantage plans (sometimes called Medicare Part C)	
8G. Have you had coverage from any Medicare plan other than original Medicare within the past 63 days (123 days for an involuntary loss of a Medicare Advantage plan) (for example, a Medicare HMO, or PPO)? **If YES, you must answer Questions 8H through 8K.**	☐Yes ☐No
8H. Provide the start and end dates of your Medicare plan other than original Medicare. If you are still covered under this plan, leave the end date blank.	**Start Date** ____/____/____ Month Day Year **End Date** ____/____/____ Month Day Year
8I. If you are still covered under the Medicare plan other than original Medicare, do you intend to replace your current coverage with this new Medicare Supplement policy? (When you receive confirmation that this Medicare Supplement plan has been issued, you will need to cancel your Medicare Advantage Plan. Please contact your Medicare Advantage insurer for instructions on how to cancel, using the customer service number on the back of your ID card.) **If YES, please enclose a copy of the Replacement Notice.**	☐Yes ☐No
8J. Was this your first time in this type of Medicare plan?	☐Yes ☐No
8K. Did you drop a Medicare Supplement policy to enroll in the Medicare plan?	☐Yes ☐No
Questions about Medicare Supplement plans	
8L. Do you have another Medicare Supplement policy in force? If so, what insurance company and what plan do you have? Insurance Company: _____ Policy: _____ **If YES, you must answer Questions 8M and 8N.**	☐Yes ☐No
8M. Do you intend to replace your current Medicare Supplement policy with this policy? **If YES, please enclose a copy of the Replacement Notice.**	☐Yes ☐No
8N. What is the plan code of your current Medicare Supplement Plan?	**Plan (A-N)** _____
Questions about any other type of health insurance coverage	
8O. Have you had coverage under any other health insurance within the past 63 days (for example, an employer, union, or individual plan)? **If YES, you must answer Questions 8P through 8R.**	☐Yes ☐No
8P. If so, with what insurance company and what kind of policy? **Insurance Company:**_____	**Policy:** ☐HMO/PPO ☐Major Medical ☐Employer Plan ☐Union Plan ☐Other_____

TEAR HERE

TEAR HERE

First Name Last Name

8 Your past and current coverage (continued)

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

Start Date
____ / ____ / ____
Month Day Year

End Date
____ / ____ / ____
Month Day Year

8R. Are you replacing this health insurance? ☐Yes ☐No

I have read the statements and questions in Section 8 and answered the questions to the best of my ability.

X _____ ____ / ____ / ____

Your Signature **Today's Date**
Month Day Year

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

TEAR HERE

9 IMPORTANT INFORMATION

READ CAREFULLY, AND SIGN AND DATE WHERE INDICATED.

- I affirm that the answers on this Application Form are complete and true to the best of my knowledge and belief and are the basis for issuing coverage. I understand that the Application Form becomes a part of the insurance contract and that if the answers are untrue, UnitedHealthcare may have the right to rescind my coverage or adjust my premium.
- For your protection California law requires the following to appear on this Form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
- I understand coverage, if provided, will not take effect until issued by UnitedHealthcare, the actual premium is not determined until coverage is issued and that this Application Form and payment of the initial premium does not guarantee coverage will be provided.
- I acknowledge receipt of the Guide to Health Insurance for People with Medicare and the Outline of Coverage.
- A rate guide is available that compares the policies sold by different insurers. You can obtain a copy of this rate guide by calling the Department of Insurance's consumer toll-free telephone number (1-800-927-HELP), by calling the Health Insurance Counseling and Advocacy Program (HICAP) toll-free telephone number (1-800-434-0222), or by accessing the Department of Insurance's Internet Web site (www.insurance.ca.gov).

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

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

Please note: The pre-existing condition exclusion does not apply to you if you are in your Open Enrollment or entitled to guaranteed issue.

TEAR HERE

First Name Last Name

9 IMPORTANT INFORMATION (continued)

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

TEAR HERE

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

X _____ / /

Your Signature **Today's Date**
Month Day Year

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

Authorization for the Release of Medical Information

Not required if you answered "Yes" to Question 3A, 3C, 3D or 3E. I authorize UnitedHealthcare and its affiliates ("The Company") to obtain from any health care provider, licensed physician, medical practitioner, hospital, pharmacy, clinic or other medical facility, health care clearinghouse, pharmacy benefit manager, insurance company, or The Company's own information, any data or records about me or my mental or physical health. This may include information about medical advice, diagnosis, treatment and prescribed medications related to mental illness, alcoholism and drug abuse. I understand the purpose of this disclosure and use of my information is to allow The Company to determine my eligibility for coverage. I understand this authorization is voluntary and I may refuse to sign the authorization. My refusal may, however, affect my eligibility to enroll in the health plan or to receive benefits, if permitted by law. I understand the information I authorize The Company to obtain and use may be re-disclosed to a third party only as permitted under applicable federal or state law, and once re-disclosed, the information may no longer be protected by Federal privacy laws. I understand I may end this authorization if I notify The Company, in writing, prior to the issuance of coverage. After coverage is issued, this authorization is not revocable. If not revoked, this authorization is valid for 24 months from the date of my signature. I understand that I or my authorized representative may obtain a copy of this form.

TEAR HERE

Do not sign if you are in your Open Enrollment or entitled to guaranteed issue. My signature indicates that I have read and understand the contents of this Authorization for the Release of Medical Information to the best of my ability.

X _____ / /

Your Signature **Today's Date**
Month Day Year

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

First Name Last Name

9 IMPORTANT INFORMATION (continued)

READ CAREFULLY, AND SIGN AND DATE WHERE INDICATED.

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

My signature indicates that I have read and understand the contents of this Authorization to the best of my ability.

X _____ / / _____

Your Signature **Today's Date**

Month Day Year

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

TEAR HERE

TEAR HERE

First Name Last Name

10 For Agent/Broker Use Only

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

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

_____

_____

2. List policies issued which are still in force:

_____

_____

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

_____

_____

For Agents who assist the Applicant in answering the health questions on the Application Form: I attest that the information on this Application Form is complete and accurate to the best of my knowledge; and that I have explained to the Applicant in clear, easy to understand language the risk of providing inaccurate information and the Applicant understood. I understand that an Agent who wilfully attests falsely is subject to a civil penalty of up to $10,000 and may also be subject to any other penalties or remedies available under the law.

Agent Name (PLEASE PRINT)_____ ___ _____
First Name MI Last Name

X _____ _____ _____/_____/_____
Agent Signature (required) Agent ID (required) Today's Date (required)
Month Day Year

_____ ( ) -_____
Agent Email Address Agent Phone Number

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AARP Member Benefits

Using just one benefit can pay for the cost of membership.

Join or renew AARP Membership and

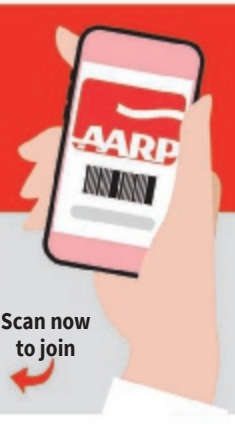
SAVE 25%*

when you sign up for **Automatic Renewal!**

Visit aarp.org/savetoday or call 1-866-331-1964

Plus, join today and receive a **FREE** second household membership

Scan now to join



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Explore everything AARP membership has to offer:

Health Care Products & Discounts

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

Community Involvement

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

Insurance & Financial Services

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

Advocacy That Matters

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

Travel Tips and Discounts

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

Award-Winning Publications

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

***off AARP standard yearly price for your first year**

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

VGCDUHCM

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Or, join or renew your membership by mail.

Mail-in Membership Activation Form

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

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

AARP

VGCDUHCM

BA25608ST

Your Name *(please print)* _____

Address Line 1 _____

Address Line 2 _____

City _____ State _____ Zip _____

Date of Birth _____ / _____ / _____
Month *Day* *Year*

FREE Membership for Household Member

Spouse's/Partner's Name _____

Date of Birth _____ / _____ / _____
Month *Day* *Year*

AGT

Act today and make the most of membership.

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

Visit aarp.org/savetoday Or call 1-866-331-1964

Scan now to join.

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

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

AARP®

Return this form in the enclosed envelope.

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

BA25608ST AGT

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

The Easiest Way to Pay

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

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

Benefits of the EFT service:

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

Signing Up is Easy

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

Your EFT Start Date

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

Complete Form on Reverse ▶

This side for your information only, return not required.

SA26150ST (10-25)

AUTOMATIC PAYMENT AUTHORIZATION FORM

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

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

Member Name _____ AARP Member Number_____

Member Address _____
Street Address

_____
City State Zip Code

Bank Name_____

Bank Routing No. _____
(9 digit number)

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

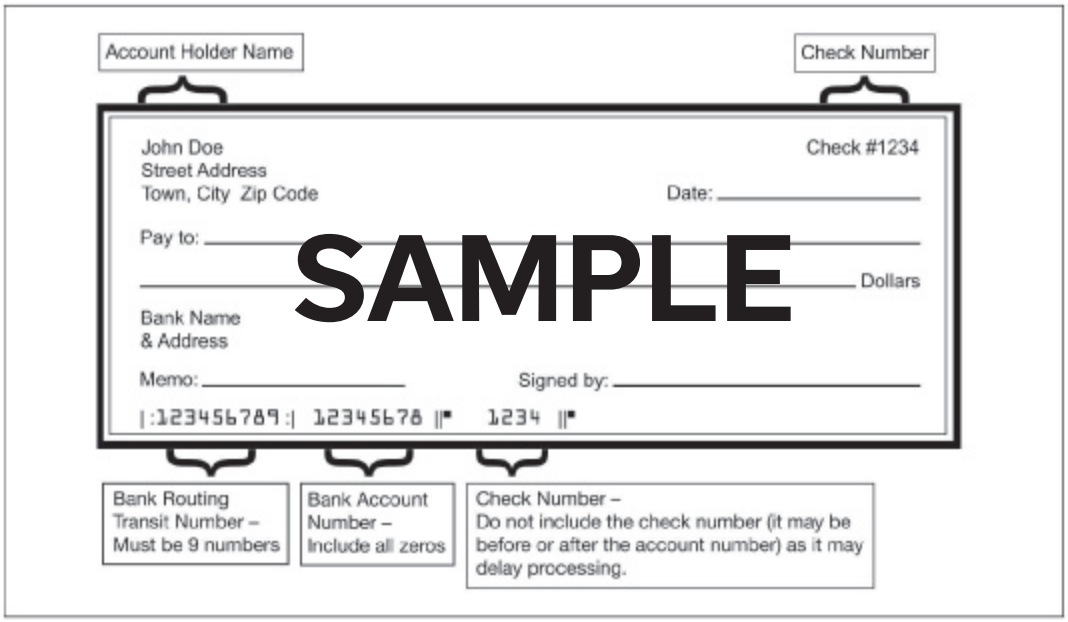
Bank Account No._____

Bank Account Holder's Name if other than Member _____

Bank Account Holder's Signature _____

IMPORTANT

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



We look forward to continuing to serve you.

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Member Address _____
Street Address

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City State Zip Code

Bank Name_____

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(9 digit number)

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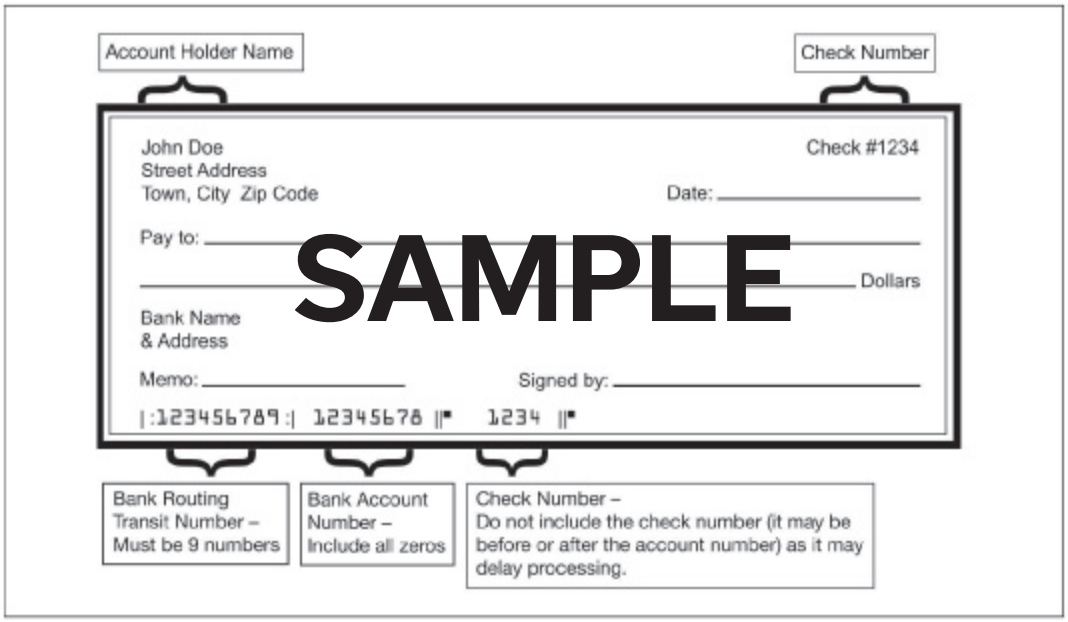

We look forward to continuing to serve you.

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NOTICE TO APPLICANT REGARDING REPLACEMENT OF MEDICARE SUPPLEMENT INSURANCE OR MEDICARE ADVANTAGE

UNITEDHEALTHCARE INSURANCE COMPANY

Hartford, Connecticut

SAVE THIS NOTICE! IT MAY BE IMPORTANT TO YOU IN THE FUTURE

If you intend to cancel or terminate existing Medicare Supplement or Medicare Advantage coverage and replace it with coverage issued by UnitedHealthcare Insurance Company, please review the new coverage carefully and replace the existing coverage ONLY if the new coverage materially improves your position. DO NOT CANCEL YOUR PRESENT COVERAGE UNTIL YOU HAVE RECEIVED YOUR NEW POLICY AND ARE SURE THAT YOU WANT TO KEEP IT.

If you decide to purchase the new coverage, you will have 30 days after you receive the policy to return it to the insurer, for any reason, and receive a refund of your money.

If you want to discuss buying Medicare Supplement or Medicare Advantage coverage with a trained insurance counselor, call the California Department of Insurance's toll-free telephone number 1-800-927-HELP, and ask how to contact your local Health Insurance Counseling and Advocacy Program (HICAP) office. HICAP is a service provided free of charge by the State of California.

STATEMENT TO APPLICANT BY ISSUER, AGENT, BROKER OR OTHER REPRESENTATIVE:

I have reviewed your current medical or health insurance coverage. To the best of my knowledge, the replacement of insurance involved in this transaction does not duplicate coverage. In addition, the replacement coverage contains benefits that are clearly and substantially greater than your current benefits for the following reasons:

_____ Additional benefits that are: _____

_____ No change in benefits, but lower premiums.

_____ Fewer benefits and lower premiums.

_____ Plan has outpatient prescription drug coverage and applicant is enrolled in Medicare Part D.

_____ Disenrollment from a Medicare Advantage plan. Please explain reason for Disenrollment.

_____ Other (Please Specify) _____

_____

_____

DO NOT CANCEL YOUR PRESENT POLICY UNTIL YOU HAVE RECEIVED YOUR NEW POLICY AND ARE SURE THAT YOU WANT TO KEEP IT.

_____

(Signature of Agent, Broker or Other Representative) (Date)

_____

(Applicant's Signature) (Date)

_____

(Applicant's Printed Name & Address)

Complete and submit this copy with the application

TEAR HERE

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_____

(Signature of Agent, Broker or Other Representative) (Date)

_____

(Applicant's Signature) (Date)

_____

(Applicant's Printed Name & Address)

Complete and keep this copy for your records

NOTICE OF AVAILABILITY AND LANGUAGE ASSISTANCE SERVICES AND ALTERNATE FORMATS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Important Information for Agents

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

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

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

For Your Records:

You selected Plan _____ with a requested effective date (1st day of a future month) of _____/ _____/ _____.
Based on the information you provided, your monthly premium for the plan you selected may be $_____. **Please note that your final monthly premium will be determined once your application is approved.**

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

What's Next:

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

Let's stay connected.

As your licensed insurance agent/producer contracted with UnitedHealthcare Insurance Company, I am here to help.

Name _____

Email _____

Phone _____

AARP® | Medicare Supplement from UnitedHealthcare®

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

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

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

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

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

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

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

BC10064ST