

Understanding your Medicare choices

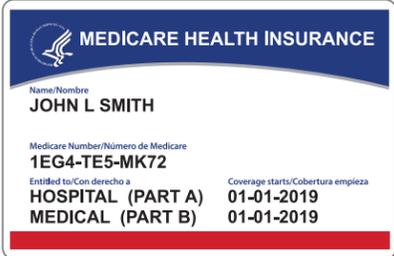
Step 1

Enroll in Original Medicare.

Original Medicare
Provided by the federal government

 **Part A**
Helps pay for hospital stays and inpatient care

 **Part B**
Helps pay for doctor visits and outpatient care



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

What do Medicare Parts A and B cover?

Part A

- Inpatient hospital care
- Home health care
- Inpatient mental health care
- Hospice care
- Skilled nursing facility care
- Some blood for transfusions during inpatient care

Part B

- Outpatient hospital services (minor surgeries)
- Outpatient mental health
- Physician services
- Medically necessary durable medical equipment (wheelchairs, oxygen, etc.)
- Ambulance
- Outpatient physical, occupational and speech-language therapy
- Laboratory services
- Some preventive care (e.g., flu and pneumonia shots)
- Blood
- Home health care

Is that enough coverage?

While Original Medicare provides good coverage, it doesn't pay for everything. For example, Medicare usually covers about 80% of your Part B costs. It's up to you to cover the rest.

You're in good company

AARP Medicare Supplement Plans are the only Medicare supplement plans to carry the AARP name. Any product or service that carries the AARP brand has been carefully evaluated and selected as one that meets the high service and real quality standards of AARP.



With more than 40 years of experience and over 10 million members covered, UnitedHealthcare is the #1 provider of Medicare coverage in the country.*

Serving the needs of Americans age 50 and over, AARP cares about people and serves them with compassion. AARP tackles the issues that matter most to you, your family and your community.

Talk to an agent/producer today.

If you have questions or are ready to enroll, contact your agent/producer.



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*From a report prepared for UnitedHealthcare Insurance Company by Gongos, Inc., "Substantiation of Advertising Claims Concerning AARP Medicare Supplement Insurance Plans," December 2019. The total number of Medicare Advantage and Medicare Supplement enrollees for UnitedHealthcare and its affiliates was found to be greater than any other company, with 10,045,636 enrollees nationwide. Visit uhcmcdsupstats.com or call 1-800-523-5800 to request a copy of the full report.

Additional Resources

In addition to your agent/producer, there are other useful resources available to you.

Medicare Made Clear

An educational platform developed by UnitedHealthcare to help you better understand Medicare. Find out more at [MedicareMadeClear.com](https://www.MedicareMadeClear.com).

Medicare

Medicare Helpline

For questions about Medicare and detailed information about plans and policies available in your area, visit [Medicare.gov](https://www.Medicare.gov) or call Medicare at 1-800-633-4227, TTY 1-877-486-2048, 24 hours a day, 7 days a week.

Medicare & You

Official Medicare handbook for Medicare programs, updated each year. You can download a copy at [Medicare.gov](https://www.Medicare.gov) or call the Medicare Helpline to request a copy.

Online plan finders

For online tools to find and compare drug plans, Medicare supplement plans and Medicare Advantage plans, go to [Medicare.gov](https://www.Medicare.gov).

Social Security

Social Security Administration

Get answers to questions about Medicare eligibility and enrollment, Social Security retirement benefits or disability benefits. You can also ask about your eligibility for financial help. Call 1-800-772-1213, TTY 1-800-325-0778, 7 a.m. – 7 p.m., Monday–Friday. Or go to [SSA.gov](https://www.SSA.gov).



Administration on Aging

Eldercare locator

For help in finding local, state and community-based organizations that serve older adults and their caregivers in your area, call 1-800-677-1116, TTY 711, 9 a.m. – 8 p.m. ET, Monday–Friday. Or go to [Eldercare.acl.gov](https://www.Eldercare.acl.gov).

State Resources

Your state’s Medical Assistance or Medicaid office

To learn whether you’re eligible for financial help with the costs of Medicare, call your state’s Medical Assistance or Medicaid office. They can answer questions about programs like PACE (Program of All-Inclusive Care for the Elderly) and the Medicare Savings Program.

State Health Insurance Assistance Programs (SHIP)

A federally funded program that provides free local counseling on Medicare. Go to [shiptacenter.org](https://www.shiptacenter.org).

Step 2

After you enroll in Original Medicare, there are two ways to get additional coverage.

Option 1

OR

Option 2

Add one or both of the following to Original Medicare:

Choose a Medicare Advantage plan:

Medicare Supplement Insurance
Offered by private companies

 **Medicare Supplement**
Helps pay some or all of the costs **not** covered by Original Medicare

Medicare Part D Plan
Offered by Medicare-approved private companies

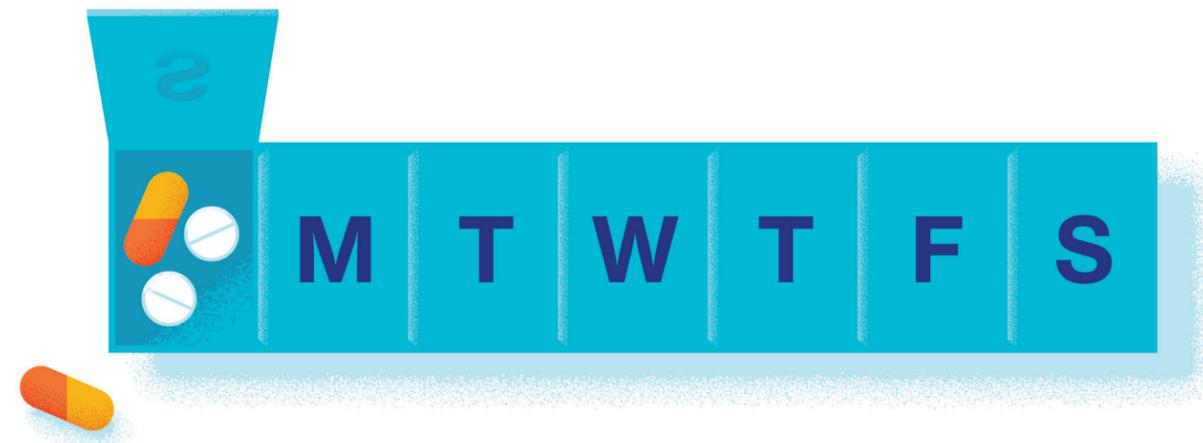
 **Part D**
Helps pay for prescription drugs

Medicare Advantage Plan
Offered by Medicare-approved private companies

 **Part C**
Combines Part A (hospital insurance) and Part B (medical insurance) in one plan

 **Part D**
Plan may include prescription drug coverage

 May offer additional benefits not provided by Original Medicare



When can you enroll in Medicare?

Depending on your situation, there are different times when you can enroll in a Medicare plan or switch to a new plan.

Initial Enrollment Period

Your Initial Enrollment Period (IEP) is 7 months long. It includes your 65th birthday month plus the 3 months before and the 3 months after. It begins and ends 1 month earlier if your birthday is on the first of the month. You may enroll in Part A, Part B or both. Individuals delaying retirement may at least want to enroll in Medicare Part A when they're first eligible since for most the coverage is free, and sometimes there may be reasons to take Part B, too.

You may also choose to enroll in a Medicare supplement plan, Medicare Advantage plan (Part C), or a prescription drug plan (Part D). Although you are not required to enroll in Part D, there is a penalty of 1% of the average monthly premium for each month you delay enrollment.



Annual Enrollment Period, October 15 – December 7

During annual enrollment you can add, drop or switch your Medicare Advantage or prescription drug coverage.

General Enrollment Period, January 1 – March 31

The General Enrollment Period (GEP) is held every year between January 1 – March 31, and gives people who missed signing up for Medicare during IEP another opportunity to sign up. Keep in mind, though, people who sign up for Medicare during GEP may face late-enrollment penalties for waiting beyond IEP to sign up.

Special Enrollment Period

Depending on certain circumstances, you may be able to enroll in a Medicare plan outside of the initial enrollment or annual enrollment time frames. Some ways you may qualify for a Special Enrollment Period are if you:

- **Retire** and lose your employer coverage
- **Move** out of the plan's service area
- Qualify for **extra help**
- Have been **diagnosed with certain qualifying chronic health conditions**

Enrolling in a Medicare supplement plan.

Once you have enrolled in Medicare, you can enroll or disenroll in a Medicare supplement plan at **any time during the year.**

Reasons to choose AARP Medicare Supplement Insurance Plans

91% or 9 out of 10 planholders would recommend their plan to a friend or family member.²

95% of active insured members currently renew their AARP Medicare Supplement Insurance Plans.¹

95% member satisfaction rate of those surveyed with AARP Medicare Supplement Insurance Plans.²

98% of claims are processed within 10 business days, with no claims form.¹



98%

of planholders currently surveyed are satisfied with the courtesy and professionalism of the representative after reaching out to Customer Service.²



Cost-effective

With millions insured nationwide, AARP Medicare Supplement Insurance Plans continue to maintain affordable and competitive rates.¹



Variety of coverage options

With up to 8 plans in most states, you have options to suit your needs.



Trusted reputation

Insured by UnitedHealthcare, these are the only Medicare supplement plans backed by AARP.

¹ From a report prepared for UnitedHealthcare Insurance Company by Gongos, Inc., "Substantiation of Advertising Claims Concerning AARP Medicare Supplement Insurance Plans," December 2019, www.uhcmedsupstats.com or call 1-800-523-5800 to request a copy of the full report.

² From a report prepared for UnitedHealthcare Insurance Company by Gongos, Inc., "2019 Medicare Supplement Insurance Plan Satisfaction Posted Questionnaire," March 2019, www.uhcmedsupstats.com or call 1-800-523-5800 to request a copy of the full report.

A Medicare supplement plan in action

See how one of the most comprehensive Medicare supplement plans, a Plan G, works with Medicare to help reduce some out-of-pocket costs.

Meet James.

James, who is 71 and a non-smoker, fell getting out of the shower. After being hospitalized for several days, he was released to a skilled nursing facility for an additional 22 covered days. During this time, he also had two follow-up appointments with his doctor.



This is a cost comparison of what James could expect to pay out-of-pocket under Original Medicare or with a Plan G.

Description of service	Original Medicare (Parts A & B)	Plan G
Part A deductible for hospital stay*	\$1,408	\$0
Part A coinsurance for two days in a skilled nursing facility (Days 1–20 are paid by Medicare. Days 21 and 22 are paid by Medicare, except for 2 coinsurance days (2 days at \$176/day).)	\$352	\$0
Part B deductible (Assumes James has not satisfied his Part B deductible for the year. Once he has been billed \$198 of Medicare-approved amounts for covered services, his Part B deductible will be met for the calendar year.)	\$198	\$198
Part B coinsurance/copay (20% of the Medicare-approved amount)	\$39.60	\$0
Total James pays	\$1,997.60	\$198

*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.

The situation above is fictitious and for illustrative purposes only. It shows a summary of some of the Plan G benefits. Benefits and cost vary by plan chosen. Please note that additional plans are available, including Plan A.

Take control of your health care with a Medicare supplement plan

Medicare supplement plans work with Original Medicare to help pay for some or all the gaps in coverage, like coinsurance, copays and deductibles.

With a Medicare supplement plan you have:



Choice

Choose **any** doctor or hospital that accepts Medicare.



Control

Visit **any** specialist that accepts Medicare — without a referral.



Freedom

Use coverage **anywhere** in the U.S. that accepts Medicare when you travel.

Medicare supplement eligibility.

If you can answer yes to these questions, then you're eligible to apply.

- Will you be enrolled in Medicare Parts A and B at the time your coverage begins?
- Are you a resident of the state in which you are applying for coverage?



Plan options based on your needs.

Medicare supplement plans help pay for some out-of-pocket expenses not covered by Original Medicare. But different Medicare supplement plans offer different costs and coverage levels, so you can pick the one that best meets your needs.

Expect more from America's #1 Medicare supplement provider*

While the benefits of a Medicare supplement plan are standardized, AARP® Medicare Supplement Insurance Plans, insured by UnitedHealthcare, cover more people with Medicare supplement plans nationwide than any other individual insurance carrier.*

AARP Medicare Supplement Plans

From most to least comprehensive ▶

Plans available to all applicants

Description of Service	G	N	L ¹
Medicare Part A (hospitalization) coinsurance plus 365 additional hospital days after Medicare benefits end	✓	✓	✓
Medicare Part A deductible	✓	✓	75%
Medicare Part B coinsurance or copayment	✓	Copay ²	75%
Medicare Part B deductible ⁵			
Medicare Part B excess charges ³	✓		
Blood (first three pints)	✓	✓	75%
Foreign travel emergency (up to plan limit) ⁴	80%	80%	
Hospice Part A coinsurance or copayment and respite care expense	✓	✓	75%
Skilled nursing facility coinsurance	✓	✓	75%
2020 Out-of-pocket limit (Plans K and L only) ¹			\$2,940

Benefits and costs vary depending on the plan chosen. Plans vary in MA, MI, MN, NC, NJ, and WI.

Plans vary by state; Medicare Select plans are available in some states. **Network restrictions apply.** Plans C and F are only available to eligible Applicants (a) with a 65th birthday prior to 1/1/2020 or (b) who will be age 65 or older on or after 1/1/2020 with a Medicare Part A effective date prior to 1/1/2020.

*From a report prepared for UnitedHealthcare Insurance Company by Mark Farrah Associates, "December 2019 Medigap Enrollment & Market Share," April 2020. UnitedHealthcare's nationwide Medigap market share of 32.1% (4.5 million of the total 13.5 million Medigap insureds) is more than any other individual insurance carrier. www.uhcmedsupstats.com or call 1-800-523-5800 to request a copy of the full report.

¹FOR NEW YORK RESIDENTS: Plans C and F are only available to eligible Applicants who first become eligible for Medicare before January 1, 2020, based on age, disability or end-stage renal disease and who are members of AARP.

²For Plans K and L, after you meet your out-of-pocket yearly limit and your yearly Part B deductible (\$198 in 2020), the Medicare supplement plan pays 100% of covered services for the rest of the calendar year.

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.

Plans available to all applicants

Medicare first eligible before 2020 only*

	K ¹	B	A	F	C
	✓	✓	✓	✓	✓
	50%	✓		✓	✓
	50%	✓	✓	✓	✓
				✓	✓
				✓	
	50%	✓	✓	✓	✓
				80%	80%
	50%	✓	✓	✓	✓
	50%			✓	✓
	\$5,880				

²Plan N pays 100% of the Part B coinsurance, except for a copay of up to \$20 for some office visits and up to a \$50 copay for emergency room visits that don't result in an inpatient admission.

³In New York, excess charges are limited to 5%. Under Ohio and Pennsylvania law, a physician may not charge or collect fees from Medicare patients which exceed the Medicare-approved Part B charge. Plans F and G pay benefits for excess charges when services are rendered in a jurisdiction not having a balance billing law. Vermont law generally prohibits a physician from charging more than the Medicare-approved amount. However, there are exceptions and this prohibition may not apply if you receive services out of state. In Texas, the amount cannot exceed 15% over the Medicare-approved amount or any other charge limitation established by the Medicare program or state law. Note that the limiting charge applies only to certain services and does not apply to some supplies and durable medical equipment.

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

⁵Once you have been billed \$198 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year. Chart reflects 2020 data.