

2020 Virginia

Producer Handbook

**AARP® Medicare Supplement Insurance Plans,
insured by UnitedHealthcare Insurance Company**

**For agent use only — not for
distribution as marketing materials
for the general public.**

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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.

This information applies for plan effective dates of January 1, 2020 - December 1, 2020.

Virginia

Introduction

Congratulations on completing your 2020 AARP Medicare Supplement Insurance certification. You are now authorized to begin offering AARP Medicare Supplement Insurance Plans, insured by UnitedHealthcare Insurance Company. You are among a distinct group of producers who have the opportunity to offer AARP Medicare Supplement Insurance Plans – which gives your clients an industry-leading option.

You can count on UnitedHealthcare for the support you need to be successful. At UnitedHealthcare, we know well-trained producers provide significant value to AARP Medicare Supplement Insurance Plan members. This Producer Handbook is filled with helpful information to get you started and keep you productive.

We wish you success. We know you will enjoy a satisfying and rewarding career offering the only Medicare supplement insurance product that carries the AARP name. Good luck in the upcoming selling season.

Who We Are

UnitedHealthcare Medicare & Retirement

Serving nearly one in five Medicare beneficiaries, UnitedHealthcare Medicare & Retirement is the largest business dedicated to the health and well-being needs of seniors and other Medicare beneficiaries. UnitedHealthcare Medicare & Retirement manages a full array of products and services such as Medicare Advantage plans, Medicare supplement plans, Part D prescription drug plans, employer retiree health services, and programs designed to support chronic disease management and care coordination. Many of the UnitedHealthcare products carry the AARP name. These products, services and programs are designed to meet the individual needs of insured members as well as their families, physicians and communities.

Insurance Solutions

AARP Medicare Supplement Insurance Plans are insured by UnitedHealthcare Insurance Company

(UnitedHealthcare Insurance Company of New York for New York certificate holders). These plans are managed by Insurance Solutions, an administrative and operational business segment within UnitedHealthcare Medicare & Retirement dedicated to AARP Medicare Supplement Insurance Plans.

Insurance Solutions manages the coverage of more than 4 million insured members ages 50 and over with its various insurance products and provides additional services promoting healthy living. The business strives for operational excellence to deliver the most cost-effective programs in the industry without compromising quality or customer satisfaction.

UnitedHealth Group and AARP have extended and broadened their relationship, which began in 1997, through at least December 2025. Over the past 20 years, the organizations have worked together to advance health care for older Americans, including continually enhancing Medicare plans, and creating better consumer experiences to improve health outcomes. Through the extended relationship, UnitedHealthcare will continue to offer AARP-branded indemnity and Medicare-related insurance products which includes Medicare supplement plans.

Together with AARP, UnitedHealthcare remains committed to helping our insured members live healthier lives and setting UnitedHealthcare apart as *the* supplemental health insurance provider that delivers the greatest lifetime value to our insured members.

Jarvis

Logging on to www.uhcjarvis.com is easy! Jarvis now uses Optum ID for logging in for greater security. If you have not already done so, please create an Optum ID when at the log in screen in Jarvis. Follow the prompts accordingly to complete creation of your Optum ID. If you are new to the site, select the Register button on the login page and complete the steps to gain access.

Jarvis was designed to be intuitive, so it's faster and easier to get to all of the vital information you need to be a successful sales agent. This hassle-free tool, which is now mobile friendly, will help drive your Medicare sales to the next level.

Jarvis (continued)

If you would like to learn how the site works and where to find key materials, please attend a **Jarvis training**. Find a time that works for you on the National Training calendar on Jarvis under Knowledge Center > Training > Training Calendar for Learning and Development.

Here are some important things you'll find on Jarvis that may be helpful when offering AARP Medicare Supplement Insurance Plans:

Home Page



The Home Page is filled with the most current information happening across UnitedHealthcare Medicare Solutions and within the industry. You can find important updates and articles, not only about AARP Medicare Supplement Insurance Plans, but also Medicare Advantage and Prescription Drug Plans.

Sales & Marketing Tools



Within the Sales & Marketing Tools section, you can access two important sites - the Sales Materials Portal and the UnitedHealthcare Toolkit. On the Sales Materials Portal, you can download and order Enrollment Kits, as well as other helpful guides and tools. You can also do a plan search for AARP Medicare Supplement Plans on Jarvis. The UnitedHealthcare Toolkit is where you can find a library of marketing materials to print or download to help market yourself and promote your services within the field. Many of these materials are customizable to have beneficiaries contact you directly.

Under Sales & Marketing Tools you can also find a link to Promotional Items. This online store is a great place to order branded items such as small giveaways for in-home appointments, community meetings and other events. Lastly, in this section you will find all you need to know about the Authorized to Offer program. There is also more information on this program later within this Handbook on page 34.

Enrollment



This tab is especially important when using our online enrollment tool, LEAN™. LEAN, the Landmark Electronic Application Navigator, is designed to make your enrollment process faster, easier and better! This tool supports Companion Sales (Medicare Supplement and Prescription Drug Plan), as well as Medicare Advantage. Our newly enhanced Companion Sales process enables agents to carry over demographic and Medicare information when enrolling a consumer in an AARP Medicare Supplement and an AARP MedicareRx Plan. LEAN is available to use via desktop, laptop and tablet. You can find more information about Online Enrollment on page 44 of this Handbook. For more information and details regarding insured member servicing, refer to that section of this handbook.

Application Status



Application Status gives an agent a view of the current status of their applications that have been submitted. In addition, if an application is in pending status, the agent can see a hover code explaining why it's pending.

Commissions



The Commissions tab allows you to view your Commission Status and Statements, as well as your Production Summary. You can export your Production Summary and Commission Statement results for easier viewing.

Knowledge Center



This is your one-stop shop to take certifications, trainings, access product overviews for more detailed information and view your account information. You can now access the Agent Guide, as well as the Producer Handbooks, in the same spot within this section. Stay current with the most up to date information within the Agent Communications section and sign up for a Learning and Development

training on the training calendar. Keep updated on current compliance information by visiting the Compliance Corner, as well as learning what the insured member receives in the Member Communications section on Jarvis.

Within the Knowledge Center under Product Overview and Medicare Supplement, you will find more comprehensive material on Eligibility, Rates and Underwriting, Value-Added Services, as well as some additional selling opportunities. Navigate through each tab on the main page and select the state you are interested in to find information like: State-specific Guaranteed Issue details, Medicare Select Directories, Underwriting and Rate Guides, important Annual Rate Change Communications, and all of the Value-Added Services that may be available in that state. Note: These documents are for informational purposes only and should not be used in place of the documents included in the most current AARP Medicare Supplement Enrollment Kit which can be found on Jarvis.

A Quick Look at Medicare and Medicare Supplement Plans

Medicare 101 – The Basics

What is Medicare?

Medicare is health insurance for people:

- Age 65 or older
- Under age 65 with certain disabilities
- Any age with End-Stage Renal Disease (ESRD – permanent kidney failure requiring dialysis or a kidney transplant).

It pays for many health care services and supplies, but does not pay all health care costs. Medicare beneficiaries must pay for costs like coinsurance, copayments and deductibles, which are called out-of-pocket costs, or cost sharing.

Medicare Coverage Options

Medicare beneficiaries can choose among the following options for their health care and prescription drug coverage:

1. Original Medicare, managed by the federal government, provides Medicare Part A and Part B coverage.



• **Part A (Hospital Insurance)** – Helps cover inpatient care in hospitals, skilled nursing facilities, hospice care and some home health care if certain conditions are met.



• **Part B (Medical Insurance)** – Helps cover doctors' services, outpatient care, other medical services that Part A doesn't cover (like physical and occupational therapists), and some home health and preventive services.

2. Medicare Advantage Plans (Part C) – These



health plan options (e.g., HMOs, PPOs and PFFS) are approved by Medicare and run by private insurers. They provide insurance for hospital and medical services and, sometimes, prescription drug coverage. Out-of-pocket costs and cost sharing differ from Original Medicare and may depend on whether the beneficiary received services in or out of network.

3. Medicare Prescription Drug Coverage (Part D) –



Medicare offers prescription drug coverage for everyone with Medicare (either Original Medicare or Medicare Advantage).

Medicare drug plans are run by insurance companies and other private companies approved by Medicare. Beneficiaries must enroll in and pay a separate premium for these plans.

People who need help deciding or have questions can do any or all of the following:

- Visit www.medicare.gov
- Call 1-800-MEDICARE (1-800-633-4227) or 1-877-486-2048 (TTY users)
- Contact their State Health Insurance Assistance Program.

Medicare Supplement Plans



Beneficiaries who have Original Medicare may want to buy a Medicare supplement plan to help cover out-of-pocket costs. Generally, beneficiaries must have Medicare Part A **and** Part B to buy a Medicare supplement plan.

What is a Medicare Supplement Plan?

Medicare supplement plans (also called Medigap) are private health insurance specifically designed to supplement and work only with Original Medicare. Private insurance companies sell Medicare supplement plans.

Medicare supplement plans help pay some of the coinsurance, copayments and deductibles (“gaps”) in Original Medicare. They may also cover certain medical services Medicare doesn’t cover. People who are enrolled in Original Medicare and buy a Medicare supplement plan will generally have 100 percent of their Medicare-approved health care costs covered (depending on the plan they choose).

Medicare supplement plans aren’t Original Medicare or a Medicare Advantage plan because they’re not a way to get Medicare benefits.

Medicare supplement plans are identified by letters (such as Plan G) except in Massachusetts, Minnesota and Wisconsin.

- Each Medicare supplement plan must offer the same basic benefits, no matter which insurance company sells it.
- Usually the differences between Medicare supplement policies sold by different insurance companies are the cost, underwriting criteria, extra services (value-added) and customer service.
- Medicare supplement insurance companies must follow federal and state laws.
- A Medicare supplement plan only covers one person. If a married couple wants Medicare supplement coverage, they must buy separate Medicare supplement plans.

Plan Features

Medicare supplement plans offer beneficiaries:

- Help with managing out-of-pocket costs
- The freedom to choose any doctor who accepts Medicare patients
- No claim forms to file
- National coverage so beneficiaries can use benefits anywhere in the United States. If beneficiaries move, their coverage moves with them, except Select Plans which may not be available everywhere
- Foreign travel coverage for emergency services (for most plans)

- Guaranteed renewability, meaning the plan automatically renews from year to year as long as beneficiaries pay their premiums when due
- A 30-day “free look” evaluation period. Full refund of premiums (minus claims paid, if any) if policies are returned within 30 days of plan issuance

For more information on Medicare supplement insurance, please review “Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare.”

<https://www.medicare.gov/Pubs/pdf/02110-Medicare-Medigap-guide.pdf>

Did you know?



Some states offer Medicare Select plans for Plans G and N. Medicare Select plans offer beneficiaries the benefits of a Medicare supplement plan at a lower price. Unlike a standard Medicare supplement plan, Medicare Select requires insured members to use a network hospital to receive their full benefits. While insured members must use a network hospital for inpatient services, insured members value this option because they can seek services from the physician of their choice and retain full Medicare benefits.

Plans vary by state and not all states offer Medicare Select plans. Refer to the appropriate state-specific handbook for information specific to that state and what plans are available.

Medicare Supplement Plans (continued)

Basic Medicare Supplement Benefits

- Hospitalization: Part A coinsurance plus coverage for 365 days after Medicare Benefits end
- Medical Expenses: Part B coinsurance (generally 20 percent of Medicare-approved expenses) or copayments for hospital outpatient services. Plans K, L and N require insured beneficiaries to pay a portion of Part B coinsurance or copayments
- Blood: First three pints of blood each year
- Hospice: Part A coinsurance and respite care expenses (including applicable prescription copayments)

Plan Benefit Chart

Medicare Supplement Plans	A	B	C	D	F	G	K	L	M	N
Medicare Part A Coinsurance and Hospital Benefits	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Medicare Part A Deductible	-	✓	✓	✓	✓	✓	50%	75%	50%	✓
Medicare Part B Coinsurance or Copayment	✓	✓	✓	✓	✓	✓	50%	75%	✓	Copay ¹
Medicare Part B Deductible	-	-	✓	-	✓	-	-	-	-	-
Medicare Part B Excess Charges	-	-	-	-	✓	✓	-	-	-	-
Blood (First Three Pints)	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓
Foreign Travel Emergency (up to plan limit) ²	-	-	✓	✓	✓	✓	-	-	✓	✓
Hospice Care Coinsurance or Copayment	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓
Skilled Nursing Facility Coinsurance	-	-	✓	✓	✓	✓	50%	75%	✓	✓
2019 out-of-pocket limit (plans K and L only) ³							\$5,560	\$2,780		

¹ Plan pays Part B coinsurance or copayment except for an insured copay of up to \$20 for each doctor's office visit and up to \$50 for each emergency room visit (emergency room copay waived if admitted as inpatient).

² Benefit is 80% after the \$250 annual deductible with a \$50,000 lifetime maximum for Foreign Emergency Care that begins during the first 60 days of a trip period.

³ The plan pays 100 percent of covered services for the rest of the calendar year once beneficiaries have paid the out-of-pocket annual limit and annual Part B deductible (\$185 in 2019).

All plans may not be available in all states or offered through AARP Medicare Supplement Insurance Plans.

AARP Medicare Supplement Insurance

Description

Every beneficiary has different health care needs. If beneficiaries want additional coverage beyond Original Medicare, an AARP Medicare Supplement Insurance Plan, insured by UnitedHealthcare Insurance Company, may be right for them.

More than 4 million beneficiaries nationwide have selected AARP Medicare Supplement Insurance Plans¹ to help cover the costs that Original Medicare does not. AARP Medicare Supplement Insurance is the only Medicare supplement product that carries the AARP name.

Plan Highlights

- The following plans are available in most states - A, B, C, F, G, K, L and N² (Medicare supplement Plans C and F will no longer be offered to individuals **newly** eligible for Medicare as of January 1, 2020.)
- Some states also offer Select Plans G and N but may only be available in certain areas of the state²
- Annual rate increases have been 3.0 percent on average through 2018³
- 9 out of 10 plan holders surveyed would recommend their AARP Medicare Supplement Plan to a friend or family member⁴
- 95 percent insured member satisfaction rate of those surveyed with AARP Medicare Supplement Plans⁴

- Excellent claims service – 98 percent of claims are processed in 10 business days or less¹
- Special extras such as pharmacy savings, vision and hearing discounts, 24/7 Nurse line, and SilverSneakers® Fitness Program (not available in all states)
- Competitive pricing
- Nationwide coverage, including Washington, D.C. and some U.S. territories
- Discounts including Multi-insured and Electronic Funds Transfer (EFT) (availability varies by state)

Did you know?



Health and wellness services vary by state. Please check your state-specific Handbook for exact services offered within that state.

Help Your Members Live Healthier Lives

Because Medicare supplement plans are standardized, one of the ways (aside from premium) that UnitedHealthcare can differentiate ourselves in the market is through our services.

Plan members can receive the following additional services at no additional cost. These services are voluntary. These services are separate from the Medicare supplement plan benefits, may be discontinued at any time and vary by state.

Tivity Health SilverSneakers® Fitness program*



AARP Medicare Supplement Insurance members in some states can now take advantage of the SilverSneakers Fitness program as a value-added service at no additional cost.

*These features are not insurance programs and can be canceled at any time.

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

² Plans vary by state. Refer to the appropriate state-specific handbook for information specific to that state and what plans are available.

³ Base rate increases vary by specific plan, by state and by year.

⁴ 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.

Help Your Members Live Healthier Lives (continued)

With SilverSneakers, members have free access to fitness center amenities such as treadmills, weights, heated pools and group exercise classes that are included with a basic membership. (Amenities and classes vary by location.) Members can take signature SilverSneakers classes designed specifically for older adults and taught by certified instructors. SilverSneakers members have access to more than 13,000 participating fitness center locations (gyms, community centers, Curves, etc.). Log on to silversneakers.com to find the nearest location.

SilverSneakers Steps® is available to members living 15 miles or more from a participating SilverSneakers fitness center location. Members can select one of four fitness kits each year (general fitness, walking, strength or yoga) that they can use at home or on the go. Steps kits can be ordered online at silversneakers.com or by calling SilverSneakers Customer Service at 1-888-423-4632 (TTY: 711), Monday through Friday, 8 a.m. to 8 p.m. EST.

The SilverSneakers Fitness Program is currently available in the state of Virginia.

Eligibility: Members residing in the state listed are eligible for the SilverSneakers Fitness Program. Eligibility is based on the member's **resident state** on file. Members who reside in the state listed can use participating facilities nationwide – even when they travel. However, if members reside in a non-participating state but vacation in a participating state, they will not be eligible because the program is not available in their state of residence.

Note: Tivity Health™ and SilverSneakers® are registered trademarks or trademarks of Tivity Health, Inc., and/or its subsidiaries and/or affiliates in the USA and/or other countries. ©2018 Tivity Health, Inc. All rights reserved. The services provided by the SilverSneakers program are made available as a courtesy to AARP members insured by UnitedHealthcare Insurance Company (UnitedHealthcare) and are not insurance programs, are subject to geographic availability and may be discontinued at any time. AARP and UnitedHealthcare do not endorse and are not responsible for the services or information provided by this program. Insured members should consult a health care professional with questions about their health care needs.

AARP® Staying Sharp*



The online brain health program that helps support a healthy brain lifestyle. For insured members of the AARP Medicare Supplement Plan, AARP Staying Sharp includes: a brain health assessment, articles, brain exercises, activities, recipes, and brain games.

**Access to this service is subject to your acceptance of Staying Sharp's Terms of Use and AARP's Privacy Policy.*

AARP® Vision Discounts provided by EyeMed:



Save on eyewear purchases and routine eye exams. AARP Vision Discounts provided by EyeMed includes:

- At LensCrafters, take an additional \$50 off the AARP® Vision Discount provided by EyeMed or best in-store offer on no-line progressive lenses with frame purchase.**
- \$50 eye exams at participant providers.*

EyeMed Vision Care LLC (EyeMed) is the network administrator of AARP Vision Discounts provided by EyeMed. These discounts cannot be combined with any other discounts, promotions, coupons, or vision care plans unless noted herein. All decisions about medications and vision care are between your client and their health care provider. Products or services that are reimbursable by federal programs including Medicare and Medicaid are not available on a discounted or complimentary basis. EyeMed pays a royalty fee to AARP for use of the AARP intellectual property. Amounts paid are used for the general purposes of AARP and its members.

*Offer valid at participating providers. Eye exam discount applies only to comprehensive eye exams and does not include contact lens exams or fitting. Contact lens purchase requires valid contact lens prescription.

**Present offer to receive a bonus \$50 off your client's AARP Vision Discount or best in-store offer when they purchase a frame and progressive lenses. Complete pair required. Frame and lens purchase cannot be combined with any other offers, discounts, past purchases, readers or non-prescription sunglasses. Valid doctor's prescription required and the cost of an eye exam is not included. Eyeglasses priced from \$218.29 to \$2,423.33. Discounts are off tag price. Select brands excluded including: Varilux lenses, and Cartier frames. Void where prohibited. See associate for details. Offer expires 12/31/2020. Code 755453.

Hearing Care Program by HearUSA:



A discount on hearing aids and access to screenings by certified HearUSA hearing care providers. The Hearing Care Program by HearUSA includes:

- The AARP member rate plus an additional \$100 discount on hearing devices in the top 5 tiers of technology and features, ranging from standard to premium
- Extended warranties on many of HearUSA's digital hearing aids
- Your client's very own hearing health support team

HearUSA makes available a network of hearing care providers through which AARP members may access AARP Hearing Program Discounts. All decisions about medications, medical care and hearing care are between your client and their health care provider. Products or services that are reimbursable by federal programs including Medicare and Medicaid are not available on a discounted or complimentary basis. HearUSA pays a royalty fee to AARP for use of the AARP intellectual property. Amounts paid are used for the general purposes of AARP and its members. HearUSA is not affiliated with AARP or UnitedHealthcare. AARP and UnitedHealthcare do not endorse and are not responsible for the services, products or information provided by this program. Your client is strongly encouraged to evaluate their own needs.

Hearing aid discount from HearUSA is \$100 off already discounted AARP member pricing for HearUSA hearing aids. Discount only applies to hearing aids in HearUSA pricing levels 1-5 (minimum purchase of \$1,300 hearing aid required to receive discount). One complimentary hearing screening and other hearing discounts, services or offerings contingent upon purchase of qualifying hearing aids. Complimentary hearing screening only available from HearUSA Network providers.

24/7 Nurse line:



A registered nurse is available to discuss your client's concerns and answer questions over the phone anytime, day or night. Spanish is available, as well as translation assistance in 140+ languages.

Nurses are also available to help guide your clients to community resources. These resources may help provide assistance on transportation services, understanding medication cost options and availability of meal delivery services.

The information provided through these services is for informational purposes only. Your client's health information is kept confidential in accordance with applicable law. None of these programs are a substitute for your client's doctor's care. Nurses, wellness coaches, 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 your client and their health care provider. Your client should consult their physician before beginning an exercise program or making major changes in their diet or health care regimen.

AARP Membership

Applicants must be AARP members or live in the same household as someone with whom they share an AARP membership number to enroll in an AARP Medicare Supplement Insurance Plan. If they are not AARP members (or are not living in the same household as an AARP member), an agent may assist them in enrolling. For information on ways of enrolling into an AARP Membership, see the Application Checklist, AARP Membership section on page 42.

One membership covers both the AARP member and another individual **living in the same household**. Examples of households include husband and wife, mother/daughter, brothers, unmarried partners, same gender partners, etc. A maximum of two individuals can enroll per household under the same membership number.

AARP membership is available to individuals age 50 and over and provides:

- Access to exclusive discounts
- A subscription to the award-winning *AARP The Magazine*
- Exclusive savings on FDA-approved prescription medications not covered by your primary insurance and on specialty drugs at more than 66,000 participating retail pharmacies and via mail order

AARP Membership (continued)

- Reduced costs, uniform pricing and extended warranties on the HearUSA selection of state-of-the-art digital hearing aids and related products
- Important information on health, Medicare and Social Security, and much more

Agents cannot purchase an AARP membership for their clients.*

Dues are not deductible for income tax purposes.

MyAARPConnection.com

This website is a valuable resource created for you by AARP Services, Inc. Here you'll find tools to help you log volunteer hours; verify, enroll, and renew membership for your consumer/clients; access information about local AARP information and events; get your complimentary AARP membership and so much more.

This website features four key areas:

- ACES – For agents involved with community service, this page invites you to share your stories of volunteerism and to record service hours to earn exciting rewards. With a recorded 25 hours, agents receive a certificate from AARP Services, Inc. recognizing them for being involved with community service. At 50 hours or more recorded, agents receive an embellishment for the certificate and a press release/announcement that they can place in a community newspaper. In addition, agents who have achieved 50 hours of service may also be invited to attend special events.
- Agent Resources – Here you have the opportunity to sign up or renew an AARP membership for consumers interested in joining, view AARP membership benefits at a glance, and learn more about AARP.*
- AARP Community Insights – With AARP Community Insights, you can find information on local events and volunteer opportunities.**

* Agents cannot purchase an AARP membership for consumers, nor should they accept money and send personal checks for membership on behalf of applicant.

** When attending an AARP event as an AARP member, agents are prohibited from conducting marketing and lead generation activities for UnitedHealthcare.

- Get Involved – Take advantage of all the great programs sponsored by AARP, like Driver Safety, AARP Experience Corps, AARP Fraud Watch and Foundation Tax-Aide.

NOTE: AARP Services, Inc. developed the website resource of MyAARPConnection.com, and also the ACES program. The website and program are for A2O agents and are not affiliated with UnitedHealthcare. Solicitor agents are not eligible for the website or program.

Did you know?



All Authorized to Offer Agents and Authorized to Offer Elite agents have the opportunity to obtain a complimentary AARP membership for themselves at www.MyAARPConnection.com. Just navigate to the website and click on the Agent Resources tab to sign up.

Additional Selling Opportunity

AARP® MedicareRx Plans, also insured by UnitedHealthcare Insurance Company, complement AARP Medicare Supplement Insurance Plans. Beneficiaries who would like prescription drug coverage should consider an AARP MedicareRx Plan. Interested beneficiaries should be sure they are applying within an eligible enrollment period. More information can be found at <https://www.aarpmedicarerx.com/>.

Co-marketing materials promoting AARP Medicare Supplement and AARP MedicareRx Plans are available on the Agent Toolkit.

Remember that AARP MedicareRx Plans are federally regulated and subject to CMS guidelines for marketing and sales events.

For example, if you plan to use the co-marketing materials to generate leads and/or invite Medicare beneficiaries to a seminar, please remember to use

the Scope of Appointment form for all appointments and/or register your seminar.

You can find additional information on CMS guidelines on Jarvis within the Knowledge Center.

Don't forget: To sell AARP MedicareRx, you must be contracted and certified to offer the plans.

Agent-Directed Group Retiree Sales*



Agents now have the opportunity to offer AARP Medicare Supplement Plans to group retirees with UnitedHealthcare approval. Choose to be more hands-on with enrollment with group sizes up to 99 (Agent-Enrolled), or simply let UnitedHealthcare take care of it for any group size (Agent-Referred).

UnitedHealthcare provides retiree/spouse health insurance solutions to more than 1,400 groups (employers, unions, municipalities and school districts) nationwide.¹

AARP Medicare Supplement Plans offer many benefits to groups including:

- **Cost savings** – Potential for cost savings compared to typical retiree coverage.
- **Guaranteed renewable** and nationwide coverage
– The plans are guaranteed renewable and have the flexibility of nationwide coverage.
- **Flexible contribution levels** – Groups have the freedom to cover all or a portion of the monthly premium costs for their retirees/spouses. Groups can also choose to endorse or apply a subsidy to specific plans.
- **Administrative ease** – Group Administrators will receive a single bill for all of the premiums due. Claims and billing of retirees/spouses (if applicable) are all handled by UnitedHealthcare.

For more information on eligibility for this opportunity to offer group sales and complete guidelines, please visit www.Medsuppagentgroupsales.com.

AARP Medicare Supplement Insurance is not employer group coverage. It is group-association coverage issued to individuals.

NOTE: Agent-Enrolled commissions will be paid under the terms of your standard contract. Agent-Referred commissions – Please ask the PHD or your UnitedHealthcare Regional Sales Director for AARP Medicare Supplement Plans.

* Employer Groups must have a minimum of 10 eligible retirees/spouses.

¹ From a report prepared by UnitedHealthcare Insurance Company using internal data May 2018.

Eligibility – Virginia

This section provides the business practices for AARP Medicare Supplement Insurance Plans (Medigap) offered to AARP members and insured by UnitedHealthcare Insurance Company. Rules and criteria **vary by state**. If you are licensed in more than one state, please refer to the appropriate state-specific handbook for information specific to that state.

Requirements

The following eligibility rules apply for AARP Medicare Supplement applicants. Applicants must:

- Be enrolled in Medicare Part A and Part B at the time of the plan effective date
- Be residents of the state in which they are applying for coverage
- Be age 65 or older on their plan effective date. (AARP Medicare Supplement Insurance Plans are not available to Medicare beneficiaries under the age of 65.)
- Be AARP members or live in the same household as someone with whom they share an AARP membership number

Medical Underwriting

Applicants who do not qualify for Open Enrollment or Guaranteed Issue* (see pages 13 - 17) will be underwritten and denied coverage for any of the following reasons:

- Told by a medical professional that they have End-Stage Renal Disease (ESRD) or that they require dialysis
- Hospitalized as an inpatient within the past 90 days (not including overnight outpatient observation)
- Currently being treated or living in any type of nursing facility other than an assisted living facility
- Within the past two years, told by a medical professional that they may need any of the following that has not been completed:

Did you know?



The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) will make changes to AARP Medicare Supplement Plans that cover the Part B deductible for newly eligible Medicare beneficiaries on or after January 1, 2020.

Medicare supplement Plans C and F, which cover the Medicare Part B deductible, will no longer be available to individuals newly eligible for Medicare as of January 1, 2020 or later. This means that anyone turning 65 on or after January 1, 2020, will only be able to purchase Plans C or F if they have a Medicare Part A effective date prior to 2020.

Medicare supplement Plans C and F will continue to be available for individuals eligible for Medicare prior to January 1, 2020. Therefore anyone who turns 65 before January 1, 2020 may continue to enroll or keep Plans C or F.

- Hospital admittance as an inpatient
- Joint replacement
- Organ transplant
- Surgery for cancer
- Back or spine surgery
- Heart or vascular surgery

***Note:** Consumers who are voluntarily switching from one Medicare supplement insurance company to another are generally **not** entitled to Guaranteed Issue.

Pre-Existing Conditions

Pre-existing conditions will be covered as of the AARP Medicare Supplement Plan effective date for applicants who are accepted for coverage and qualify for Open Enrollment or Guaranteed Issue (**see pages 13 - 17**) or who are replacing a Medicare supplement plan or creditable coverage (documentation of the prior creditable coverage must be submitted).** For all others, there is a 3-month waiting period after the plan effective date before pre-existing conditions are covered.

All decisions to cover pre-existing conditions will be made when the application is processed.

****Note:** Some common examples of creditable coverage include: Employer group or individual health plan, Medicare Advantage plan and Medicaid. Medicare Parts A and B are creditable coverage. However, individuals who buy Medicare supplement insurance are *keeping*, not *replacing*, Medicare Parts A and B.

An applicant who is accepted for coverage has a pre-existing condition if any of the following happened within three months before their plan effective date.

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

Hospital and Skilled Nursing Facility Stays

No benefits will be paid for the portion of a hospital stay or skilled nursing facility stay that occurs **prior to** the Medicare Supplement plan effective date. Benefits for a Medicare-approved hospital stay or skilled nursing facility stay will be eligible **beginning on** the plan effective date, even when that stay began prior to the plan going into effect.

Please reference the “Your Guide” in the eligibility and benefits section of the AARP Medicare Supplement Enrollment Kit for more detailed information.

Open Enrollment - Virginia

Remember, rules and criteria **vary by state**. If you are licensed in more than one state, please refer to the appropriate state-specific handbook for information specific to that state.

Applicants qualify for Open Enrollment during the first six months they are enrolled in Medicare Part B and are 65 or older. Enrollment applications may be submitted up to three months prior to the start of Open Enrollment. As a reminder, applicants who will become eligible for Medicare at age 65 can submit their application up to 14 months in advance of their 65th birthday month (for

the coverage to become effective in coordination with their Medicare effective date). Please see page 48 of this handbook for more details.

Example: John is 70 years old and is retiring at the end of June. He has been notified by Social Security that Medicare Part B will start on July 1. John is in his Open Enrollment period from July 1 through December 31. John’s application can be submitted during the three months prior to July 1 or any time between July 1 and December 31.

Open Enrollment – Other Information	
Plan Availability*	Plans A, B, C, F, G, K, L, and N
Pre-Existing Conditions Exclusion	None
Underwriting	None

*Plan availability may vary. Please refer to the Plan Availability chart located on page 18 of this handbook.

Guaranteed Issue - Virginia

The following information outlines the situations under which applicants would qualify for Guaranteed Issue and the application requirements. Remember, rules and criteria **vary by state**. If you are licensed in more than one state, please refer to the appropriate state-specific handbook for information specific to that state.

Plans Available Without Underwriting and Pre-Existing Condition Exclusions for Applicants Entitled to Guaranteed Issue			
VA Guaranteed Issue Situations:	<ul style="list-style-type: none"> A 65th birthday <u>PRIOR</u> to 1/1/2020. OR A Medicare Part A Effective Date <u>PRIOR</u> to 1/1/2020. 	<ul style="list-style-type: none"> A 65th birthday <u>AND</u> Medicare Part A Effective Date on or <u>AFTER</u> 1/1/2020. 	Documentation Must Include:
1. Applicant loses, learns they have lost, or drops some or all employer coverage.	A, B, C, F, K, L, N	A, B, G, K, L, N	<ul style="list-style-type: none"> Applicant's name. Plan Type – confirmation that it's employer coverage being lost. Coverage termination date. Answer questions on the Application Form in the "Is your acceptance guaranteed" section and the "Your past and current coverage" section about "any other type of health insurance coverage." Note: If your employer coverage was a Medicare Advantage plan, also complete the "Medicare Advantage plans" section.
2. Applicant is enrolled in a Medicare Advantage (MA), other Medicare managed care, Program of All-Inclusive Care for the Elderly (PACE) or Medicare Select plan and: <ul style="list-style-type: none"> The plan stops coverage in the area, or The plan sends notice it will stop coverage, or Applicant moves out of the service area 	A, B, C, F, K, L, N	A, B, G, K, L, N	<ul style="list-style-type: none"> Applicant's name. Plan Type – confirmation that it's a Medicare Advantage, other Medicare managed care, Program of All-Inclusive Care for the Elderly (PACE) or Medicare Select plan being lost. Coverage termination date and one of the termination reasons shown in the first column. Answer the questions on the Application Form in the "Is your acceptance guaranteed" section and the applicable questions in the "Your past and current coverage" section about "Medicare Advantage plans," "Medicare supplement plans" or "any other type of health insurance coverage."

<p>3. Applicant is enrolled in an MA, other Medicare managed care, PACE or Medicare supplement (including Select) and the plan:</p> <ul style="list-style-type: none"> • Violates the insurance contract (for example, by failing to provide necessary medical care), or • Was misrepresented in marketing to the individual 	<p>A, B, C, F, K, L, N</p>	<p>A, B, G, K, L, N</p>	<ul style="list-style-type: none"> • Applicant’s name. • Plan Type – confirmation that it’s a Medicare Advantage, other Medicare managed care, Program of All-Inclusive Care for the Elderly (PACE) or Medicare Supplement (including Select) being replaced. • Coverage termination date. • Termination reason. • Answer questions on the Application Form in the “Is your acceptance guaranteed” section and the “Your past and current coverage” section about “Medicare Advantage plans” or “Medicare supplement plans.”
<p>4. Applicant is enrolled in a Medicare supplement plan (including Select) that is involuntarily terminated (for example, company bankruptcy).</p>	<p>A, B, C, F, K, L, N</p>	<p>A, B, G, K, L, N</p>	<ul style="list-style-type: none"> • Applicant’s name. • Plan Type – confirmation that it’s a Medicare supplement plan being lost. • Insurer name. • Reason for involuntary termination. • If available, documentation of bankruptcy of insurer. • Coverage termination date. • Answer questions on the Application Form in the “Is your acceptance guaranteed” section and the “Your past and current coverage” section about “Medicare supplement plans.”

Guaranteed Issue - Virginia (continued)

Plans Available Without Underwriting and Pre-Existing Condition Exclusions for Applicants Entitled to Guaranteed Issue			
VA Guaranteed Issue Situations:	<ul style="list-style-type: none"> • A 65th birthday <u>PRIOR</u> to 1/1/2020. OR • A Medicare Part A Effective Date <u>PRIOR</u> to 1/1/2020. 	<ul style="list-style-type: none"> • A 65th birthday <u>AND</u> Medicare Part A Effective Date on or <u>AFTER</u> 1/1/2020. 	Documentation Must Include:
<p>5. Applicant dropped Medicare supplement coverage to enroll for the first time in an MA, other Medicare managed care, PACE, or Select plan, and dropped that plan within two years.</p>	<ul style="list-style-type: none"> - If the previous plan you had was an AARP Medicare Supplement Plan, then you may apply for Plans A, B, C, F, K, L, N. Also, you can apply for Plan G without having to answer health questions only if Plan G was the Plan you previously had. - If the previous Medicare Supplement Plan* you had was with another insurer, then you can only apply for Plans A, B, C, F, K, L, N. 	A, B, G, K, L, N	<ul style="list-style-type: none"> • Answer questions on the Application Form in the “Is your acceptance guaranteed” section and the “Your past and current coverage” section about “Medicare Advantage plans.”
<p>6. On first enrolling in Medicare Part A at age 65**, applicant enrolled in an MA or PACE plan at the same time, and dropped that plan within two years.</p> <p>**NOTE: The MA or PACE plan effective date must be equal to the Medicare Part A effective date for this qualifying event to apply.</p>	A, B, C, F, G, K, L, N	A, B, G, K, L, N	<ul style="list-style-type: none"> • Answer questions on the Application Form in the “Is your acceptance guaranteed” section and the “Your past and current coverage” section about “Medicare Advantage plans.”

*Prior plan can also be a Medicare Select or High Deductible version of the plan being applied for.

Application Requirements

Completed applications must be received **within 63 days after the qualifying event**.

Applications must include supporting documents such as “notice of creditable coverage” (employer plans) or “notification of rights” (Medicare Advantage plans).

Important note regarding Medicare Advantage (MA): By law, MA applicants cannot be accepted unless MA coverage terminates on or before the AARP Medicare Supplement Insurance Plan’s effective date. Applicants must have a valid MA election or enrollment period to leave an MA plan. **Having a valid election or enrollment period does not automatically qualify an applicant for Guaranteed Issue. Only the specific qualifying events listed above qualify an applicant for Guaranteed Issue. Applicant should contact their respective MA carrier in order to terminate their MA coverage. It is the responsibility of the applicant to do so (unless the applicant is enrolling in a Prescription Drug Plan (PDP), then the MA coverage will automatically be terminated).**

Plan Availability – Virginia

Medicare Beneficiaries Age 65 and Older

The following chart shows the plans available to eligible Medicare beneficiaries age 65 and older residing in Virginia.

What Plans Are Available?	A 65th birthday or Medicare Part A effective date prior to 1/1/2020 - A, B, C, F, G, K, L, N
	A 65th birthday and Medicare Part A effective date on or after 1/1/2020 - A, B, G, K, L, N
When Are Plans Available?	Year round
Are Plans Underwritten?	Yes, unless the beneficiary qualifies for Open Enrollment or Guaranteed Issue

Note: Plans vary by state. If you are licensed in more than one state, please refer to the appropriate state-specific handbook for information specific to that state.

AARP Medicare Supplement Insurance Plans are not available to Medicare beneficiaries under the age of 65.

Underwriting and Rate Information

2020 New Sales in Virginia

The following section applies to Virginia. Rates* and Underwriting **vary by state**. Please refer to the appropriate state-specific handbook for information specific to a beneficiary’s residence state.

Please do not discuss rating or underwriting information with the applicant until the application has been completed.

Medicare Beneficiaries Age 65 and Older

Underwriting and Rate Summary

Underwriting requirements and rates vary based on the length of time that has elapsed from the applicant’s 65th birthday or Medicare Part B effective date (if it is later) to the AARP Medicare Supplement plan effective date. The following chart provides a summary of the underwriting requirements and applicable rates:

	Time since 65th birthday or Medicare Part B effective date, if later		
	0 to < 7 months	7 months to < 10 years	10 years or more
Underwriting ¹	No Underwriting <i>Open Enrollment Period</i>	Eligibility Underwriting ² Underwriting to Set Rates ³	
Rate ^{4,5}	Standard Rate with Enrollment Discount ⁶	Standard Rate with Enrollment Discount ^{6,7}	Level 1 Rate ⁷
		Level 2 Rate ⁸	Level 2 Rate ⁸

¹ Does not apply to applicants who meet guaranteed issue requirements for certain Medicare supplement plans.

² Applicants must answer the eligibility health questions in Sections 4 and 5 on the application.

³ Applicants must complete the health questions in Section 6 on the application to determine their rate.

⁴ Rates for new sales are based upon the applicant’s biological sex.

⁵ All insured members (except those who meet open enrollment or guaranteed issue requirements) who respond “yes” to the tobacco use question on the application will pay the tobacco use rate shown in the chart.

⁶ For details about the Enrollment Discount program, refer to the next section entitled “Enrollment Discount.”

Note: applicants age 81 and older are not eligible for the Enrollment Discount and will pay the Standard Rate.

⁷ Applies to applicants who **do not** have any of the medical conditions listed in Section 6 of the application.

⁸ Applies to applicants who have any of the medical conditions listed in Section 6 of the application.

Refer to the appendix for:

Appendix I – Underwriting conditions glossary

Appendix II - Listed medical conditions and related prescriptions drugs

*Agents are encouraged to use the plan search tool within Jarvis and the rate quote tool in LEAN. The Producer Help Desk (PHD) cannot quote rates for agents.

New Enrollment Discount*

The Enrollment Discount is available to applicants age 65 and over only.

New Enrollment Discount Eligibility

Initial plan effective dates of January 1, 2020 or later

Applicants are eligible for the Enrollment Discount if their age on their plan effective date is:

- 65 to 74 **AND** they do not have any medical condition that qualifies for the Level 2 Rate, **OR**
- 75 to 80 **AND** their plan effective date is less than 10 years from their Medicare Part B effective date **AND** they do not have any medical condition that qualifies for the Level 2 Rate.

Applicants age 81 and over are not eligible for the Enrollment Discount.

Discount Percentage and Duration

- If applicants are eligible for the Enrollment Discount, the discount percentage is applied to the Standard Rate.
- The first-year discount percentage and the duration of the discount program will vary based on the applicant's age as of the plan effective date (see table below).
- After age 68, the discount percentage reduces 3% each year on the anniversary date of the applicant's plan until the discount runs out.*
- After the eligible discount duration expires, applicants will pay the Standard Rate.

New Enrollment Discount – Discount Percentages and Duration

For initial plan effective dates of January 1, 2020 or later

		Age as of Plan Effective Date																
		65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81 and Older
Year	1	39%	39%	39%	39%	36%	33%	30%	27%	24%	21%	18%	15%	12%	9%	6%	3%	0%
	2	39%	39%	39%	36%	33%	30%	27%	24%	21%	18%	15%	12%	9%	6%	3%	0%	
	3	39%	39%	36%	33%	30%	27%	24%	21%	18%	15%	12%	9%	6%	3%	0%		
	4	39%	36%	33%	30%	27%	24%	21%	18%	15%	12%	9%	6%	3%	0%			
	5	36%	33%	30%	27%	24%	21%	18%	15%	12%	9%	6%	3%	0%				
	6	33%	30%	27%	24%	21%	18%	15%	12%	9%	6%	3%	0%					
	7	30%	27%	24%	21%	18%	15%	12%	9%	6%	3%	0%						
	8	27%	24%	21%	18%	15%	12%	9%	6%	3%	0%							
	9	24%	21%	18%	15%	12%	9%	6%	3%	0%								
	10	21%	18%	15%	12%	9%	6%	3%	0%									
	11	18%	15%	12%	9%	6%	3%	0%										
	12	15%	12%	9%	6%	3%	0%											
	13	12%	9%	6%	3%	0%												
	14	9%	6%	3%	0%													
	15	6%	3%	0%														
	16	3%	0%															
	17	0%																

*Note: Rates generally change annually. If the Standard Rate changes, the discounted monthly premium will be adjusted accordingly.

Other Rate Discounts

Multi-Insured Discount

5 percent off the monthly premium if two insured members are on the same AARP membership household account and each is insured under an AARP-branded supplemental insurance policy with UnitedHealthcare. (Does not apply to AARP® MedicareRx Plans or AARP® MedicareComplete® plans.)

Electronic Funds Transfer (EFT) Discount

\$2.00 per household per month when the entire household (both insured members) pays their premium through Electronic Funds Transfer.

Annual Payer Discount

\$24.00 per household per year for insureds who pay their entire calendar year premium (January through December) by the end of January.

NOTE: Electronic Funds Transfer (EFT) discount and Annual Payer discount cannot be combined. For more detailed information on these discounts, please see the Enrollment Checklist, Billing Options and Billing Procedures sections.

Rating Information

Community Rating

Community rating means all insured members in the same rating class pay the same rate (excluding discounts).

Gender Rating

Rates for new sales are based upon the applicant's biological sex.

Tobacco Use

Insured members who have smoked tobacco cigarettes or used any tobacco product at any time within the past 12 months will pay the tobacco rate. **Non-tobacco rates apply to all applicants who meet open enrollment or guaranteed issue requirements.**

E-Cigarettes/Vapor Cigarettes

Tobacco rates will not apply to insured members who use e-cigarettes/vapor cigarettes only. Tobacco rates will only apply if the e-cigarette user has also used a tobacco product within the past 12 months.

Nicotine Patches and Marijuana

Tobacco rates will not apply to insured members who use nicotine patches or marijuana only. Tobacco rates will only apply if the nicotine patch or marijuana user has also used a tobacco product within the past 12 months.

Rate Guarantee

New insured members receive a 12-month rate guarantee from their initial plan effective date. Rate guarantee guarantees that the rate will not "increase" during the Rate Guarantee period. Insured members will not receive an additional rate guarantee when switching from one AARP Medicare Supplement Plan to another.

Rate Changes

UnitedHealthcare's monthly premium generally changes once a year. However, an enrolled insured member may see his/her monthly premium change at other times when the Enrollment Discount changes on the policy anniversary.

Underwriting Information

General Information

- **Who needs to be underwritten?** Applicants outside of their open enrollment period and applicants who do not qualify for guaranteed issue for certain Medicare supplement plans are underwritten to determine eligibility and rate.
- **How long will it take to process the application if underwriting is needed?** Generally, up to 10 business days. It may take longer if additional information is needed and the underwriter is unable to reach the applicant.

In some cases, the underwriter may request additional information from the applicant's medical providers. A final underwriting decision cannot be made until the information is received from the applicant's medical providers.
- **What applications will be reviewed by an underwriter?** All applications that need to be underwritten are subject to an underwriter's review.
- **Does underwriting vary for different AARP Medicare Supplement Plans?** No.
- **If an applicant has guaranteed issue rights, but is applying for a plan that requires underwriting, is it necessary to send guaranteed issue documentation?** No, but if the applicant is rated up or denied due to underwriting and wants to choose another plan to which they have a guaranteed issue right, it would expedite processing if the documentation is submitted with the initial application.
- **What will happen if an applicant's health status changes after the enrollment application has been submitted and before it has been approved?**

All information discovered during the underwriting process will be used in making the final underwriting decision. This includes:

 - responses to the health questions on the application, and
 - any additional information that is obtained by the underwriter

Underwriters will consider all health history up to the date of their review when making the acceptance and rate decision. *This includes changes that have occurred in the applicant's health history since the date they signed the application.*

- **What will happen if an applicant's health status changes after the enrollment application has been fully processed and approved?** Once the application has been fully processed and approved, the rate and acceptance status will not change.
- **What will happen if the applicant responds "not sure" to an application question?** An underwriter will contact the applicant and ask the applicant additional questions to clarify their response. If necessary, the underwriter will request additional information from the applicant's doctor.
- **Are communications sent to agents relating to the underwriting process?** Yes. E-mail communications are sent to the agents by an underwriter if any of the following events occur during the underwriting process:
 1. After three unsuccessful phone call attempts to interview the applicant
 2. When the application is being withdrawn
 3. When additional information is being requested from the applicant's medical provider
 4. When the underwriting decision results in a rate-up or denial of coverage

To ensure they receive these e-mail communications, agents should be sure to keep the most up to date e-mail address under the Knowledge Center, Account Info section within Jarvis.
- **If an insured member no longer has a medical condition for which they received a higher rate, can they get a lower rate going forward?** Yes. The insured (not agents) can request a rate adjustment through Member Services. An underwriter will contact them for further information.

Please ensure that the application has been completed in full. Material mistakes or incomplete responses on applications may subject applicants to re-evaluation of their rate or loss of coverage.

Underwriting Information

To consider the request, the underwriter will complete a review of the insured's health history for the past two years. To qualify for the lower rate, the insured must not have been diagnosed, treated, given medical advice or prescribed medications/refills by a medical professional for any of the medical conditions that currently qualify for the Level 2 rate.

Please note that most medical conditions on the application are chronic. Although the insured may not be experiencing symptoms and their chronic condition is controlled with medications, procedures and routine follow-up, the condition is not cured.

- **If an insured member qualifies for a lower rate, when will it become effective?** The lower rate will become effective on the first day of the next month following underwriting approval.

Eligibility Underwriting (Sections 4 and 5 of the Enrollment Application)

- **What will happen if the applicant had kidney problems during the past two years?** An underwriter will contact the applicant for additional information. The applicant will be denied coverage if they have end-stage renal (kidney) disease (ESRD) or require dialysis. If they have a chronic kidney disease (other than ESRD) that does not require dialysis, they will receive the Level 2 rate (as long as they are otherwise eligible).
- **If a doctor told the applicant that they needed one of the surgeries listed on the application and the surgery hasn't been completed, does it matter where the surgery will be done?** No. The application does not ask where the surgery will be done. If a doctor told the applicant that they needed one of the surgeries in the two years prior to applying, the applicant is ineligible for coverage.

Did you know?



Appendix I includes a glossary with short definitions and Appendix II includes a list of prescription drugs relating to the medical conditions and treatments listed on the application. This information may assist you if applicants are unsure about a listed medical condition.

- **Can applicants be denied coverage?** If applicants need to be underwritten, they will be denied coverage if any of the following applies:
 - Hospitalized as an inpatient within the past 90 days (not including overnight outpatient observation)
 - Currently being treated or living in any type of nursing facility other than an assisted living facility
 - Told by a medical professional that they have End-Stage Renal (Kidney) disease or that they require dialysis
 - Within the past two years, told by a medical professional that they may need any of the following:
 - Hospital admittance as an inpatient
 - Joint replacement
 - Organ transplant
 - Surgery for cancer
 - Back or spine surgery
 - Heart or vascular surgery
- **If an applicant was in the hospital overnight for “observation,” is this considered “inpatient”?** The applicant should contact the hospital and ask if they were admitted as an inpatient.

Everyone has the right to apply. Applicants can continue the application process even if they may not qualify.

Note that Appendix I includes a glossary with short definitions and Appendix II includes a list of prescription drugs relating to the medical conditions and treatments listed on the application. This information may assist you if applicants are unsure about a listed medical condition.

Please ensure that the application has been completed in full. Material mistakes or incomplete responses on applications may subject applicants to re-evaluation of their rate or loss of coverage.

Underwriting Information

Eligibility Underwriting (Sections 4 and 5 of the Enrollment Application)

- **What if the applicant is in the assisted living section of a nursing facility that has multiple types of units (for example, skilled nursing or custodial)?** The applicant is eligible for coverage (as long as all other eligibility requirements are met).
- **What if the applicant is not sure if they are in the main nursing home or the assisted living section?** The applicant or their family member can verify this information with the administrative office at the nursing facility. If still uncertain, the applicant should answer “NOT SURE” on the application and the underwriter will follow up to clarify the type of unit.

Everyone has the right to apply. Applicants can continue the application process even if they may not qualify.

Underwriting to Set Rates (Section 6 of the Enrollment Application)

- **When do applicants need to complete other medical questions in Section 6 of the application?** When applicants are outside of their open enrollment period and do not qualify for guaranteed issue for certain Medicare supplement plans, they must complete the other medical questions on the application. This information is necessary to determine their rate.
- **What about applicant’s health history more than two years ago?** Conditions that were not diagnosed, treated, given medical advice or prescribed medications/refills by a medical professional within the past two years may be excluded.
- **What if the applicant’s medical condition isn’t listed on the application?** A limited number of medical conditions (not all medical conditions) are listed on the application. Only medical conditions listed on the application are used to determine the applicant’s rate. If the applicant is unsure if their condition relates to a condition on the application, they should check with their doctor.

- **What if applicants are unsure about their medical conditions?** If applicants are unsure about their medical conditions, they should discuss them with their physician. If they have not been able to get clarity from their physician, they should note their uncertainty on the application and submit any available medical information.

Note that Appendix I includes a glossary with short definitions and Appendix II includes a list of prescription drugs relating to the medical conditions and treatments listed on the application. This information may assist you if applicants are unsure about a listed medical condition.

Additional Information Required

- **What if additional medical information is needed?** The underwriter may contact the applicant or their physician to clarify the information before reaching a decision.
- **Do underwriters conduct phone interviews with all applicants who require underwriting?** No.
- **How will I know if an underwriter is waiting for additional information from the applicant?** The underwriter will send a status e-mail to you, the agent. To ensure you receive these e-mail communications, agents should be sure to keep the most up to date e-mail address within the **Account Info section of Jarvis** (found under Knowledge Center), and also include their email address on the Agent section of the Enrollment kit. Agents may also reach out to the Producer Help Desk for application status.
- **What will happen if the underwriter is unable to reach the applicant?** If unable to reach the applicant, the underwriter will provide a call back number. After several phone attempts, the underwriter will send a letter to the applicant and an e-mail to the agent. If the applicant does not call the underwriter back after the phone call attempts and written requests, their application might be denied or withdrawn.
- **Can the agent call the underwriter or the call center and provide the medical information needed?** No. The underwriter can only speak to the applicant or their physician when there are any questions

Please ensure that the application has been completed in full. Material mistakes or incomplete responses on applications may subject applicants to re-evaluation of their rate or loss of coverage.

Underwriting Information

or information is needed about medical conditions. The agent can reach out to the applicant to ensure that they return the underwriter's call.

Underwriting Decisions

- **How will the underwriter communicate a denial or rate-up decision?** A letter will be sent to the applicant with the specific reason for denial. An e-mail will also be sent to the agent. No medical information will be contained in the e-mail. The agent may want to contact the applicant to obtain any further information or discuss other options.
- **What if the applicant does not agree with the underwriter's decision?** Applicants (not agents) may appeal the decision. Applicants should follow the directions in the letter.
- **What if the agent has questions about the decision?** The agent should first discuss the application with the applicant. The applicant may then contact UnitedHealthcare if they have questions by following the procedures in the letter they received.
- **If an applicant is told they qualify for the Level 2 rate, will that rate apply if they want to enroll in another plan to which they have guaranteed issue rights?** No, the Level 2 rate only applies to applicants with certain medical conditions who are underwritten. Since underwriting would not apply to the plan to which they have a guaranteed issue right, they would qualify for a lower rate.
- **If an applicant is told they qualify for the Level 2 rate or is being denied coverage, can they still enroll in another plan to which they have guaranteed issue rights?** Yes, as long as they call Customer Service within 28 days from the date of the letter they received with the underwriting decision.

- **If an applicant receives a letter indicating that they have been denied coverage or qualify for the Level 2 rate, do they need to complete another enrollment application if they want to choose another plan to which they have a guaranteed issue right?** No. The applicant can call Customer Service and the Enrollment department will process the request. If further information is needed, the Enrollment department will contact the applicant.

How Agents Can Help

- **What can agents do to ensure that underwriters have all the information they need to make a decision?** Agents can help to ensure that the underwriting process is completed efficiently and quickly by:
 - In advance of their appointment, advising clients to be prepared to answer health questions in the event that their acceptance is not guaranteed. Applicants should:
 - understand the specific medical conditions for which they are taking medications
 - have information available about their medical conditions during the two years prior to applying and any pending treatment
 - contact their doctor to clarify any questions about their medical conditions or treatment
 - Ensure that the information provided on the application is accurate and complete. If the applicant is not sure they should check with their doctor.
 - Following up with the applicant if the underwriter needs additional information by ensuring that the applicant promptly returns phone calls or contacts their doctor when requested.
- **Is there any other information that agents can provide to assist in the underwriting review?** Any additional medical documentation (for example, medication list or other treatment information) that the applicant provides to the agent should be submitted with the application.

Please ensure that the application has been completed in full. Material mistakes or incomplete responses on applications may subject applicants to re-evaluation of their rate or loss of coverage.

Plan Change Situations

The following charts outline the rating and underwriting requirements for insured members who want to change from one AARP Medicare Supplement Plan to another AARP Medicare Supplement Plan.

Rating and underwriting requirements vary based on the effective date of the insured member's current AARP Medicare Supplement Plan (AARP Medicare Select Plan) or if the insured member is changing to an AARP Medicare Supplement Plan G (AARP Medicare Select Plan G):

Insured Members Age 65 and Older who are changing from a Medicare Supplement Plan ¹			
Current AARP Medicare Supplement Plan Effective Date	Plans Available*	Underwriting Requirements	Rating Requirements
5/1/2010 or prior	All	Same as new sales (refer to Underwriting and Rate Summary Chart within this Handbook) ²	Same as new sales (refer to Underwriting and Rate Summary Chart within this Handbook)
6/1/2010 or later (except Plan G)	All Medicare Supplement Plans except Plan G	None ³	Same rate level and gender classification as current plan ^{4,5,8}
	Plan G	Yes. To set rate only ⁶	Same gender classification as current plan ^{4,7,8}
6/1/2010 or later (Plan G)	All	None ³	Same rate level and gender classification as current plan ^{4,5,8}

* For more information on available plans, refer to the Plan Availability charts located in the Eligibility section of this handbook.

¹ Effective with plan change requests received October 1, 2018, and after.

² Underwriting is required and the health questions in Sections 4, 5 and 6 of the application must be answered.

³ Insured members do not need to answer health questions in Sections 4, 5 and 6 on the enrollment application.

⁴ EFT, annual payer, and multi-insured discounts for which the insured member is currently eligible will continue to apply, assuming no other changes have occurred that affect eligibility for the discount.

⁵ If the insured member is currently receiving an Enrollment Discount, they will continue to receive the balance of that discount program. Enrollment Discount programs are based on the enrollment date of the first Modernized AARP Medicare Supplement plan.

- If the effective date of the insured's first Modernized AARP Medicare Supplement Plan was between 6/1/2010 and 6/1/2017, they are receiving the 10-year Enrollment Discount program.
- If the effective date of the insured's first Modernized AARP Medicare Supplement Plan was 7/1/2017 through 12/31/2019, they are receiving the 12-year Enrollment Discount program.
- If the effective date of the insured's first Modernized AARP Medicare Supplement Plan was 1/1/2020 or later, they are receiving the 16-year Enrollment Discount program.

If the insured is currently receiving discounts under the 10-year Enrollment Discount program or the 12-year Enrollment Discount program, they will continue under that discount program and are not eligible to receive discounts under the 16-year Enrollment Discount program.

For rate quotes:

- **10-year** and **12-year** Enrollment Discount programs: use the Plan Change Rate Pages located on Jarvis under Knowledge Center > Product Overview > Medicare Supplement > Rates and Underwriting > Choose your state and click on the 2020 Plan Changer Rate PDF.
- **16-year** Enrollment Discount program: use the current Enrollment Kit and rate pages.

⁶ All health questions must be answered in Sections 4, 5 and 6; however, all health questions (even those in Sections 4 and 5) will only be used to determine the rate.

⁷ Rating Requirements for Plan changing to Plan G

- If the insured member answers yes to any of the health questions in Sections 5 and 6, they will receive the Level 2 rate. If the insured member answers yes to either health question in Section 4, an Underwriter may need to follow up with the applicant or their physician for additional information before the rate can be determined.
- If the insured member is paying the standard rate with enrollment discount on their current plan, and answers no to all the health questions, see footnote⁵.
- If the insured member is paying the Level 1 rate on their current plan, and answers no to all of the health questions, upon review they may continue to receive the Level 1 rate.
- If the insured member is paying the Level 2 rate on their current plan, and answers no to all the health questions, please contact customer service for assistance with quoting the rate. (They may be eligible for the Standard Rate with Enrollment Discount or Level 1 Rate, depending on the Program that was in effect as of their enrollment date of the first Modernized AARP Medicare Supplement Plan.)

Note: If the insured member answers no, but qualifying conditions are found upon underwriting review, they will receive a Level 2 rate. The insured member will then be contacted to determine if they want to move forward with the plan change. Insured members that want to move forward with the plan change will have 30 days to change back to their old plan at the old rate. Otherwise, the insured member's new rate level on Plan G will apply to any future plan change the insured member may make.

⁸Plan changers with an effective date of 6/1/2010 or later maintain their current gender classification. If an insured member is unisex rated on their current plan, they will remain unisex rated on a plan change. If male/female rated on the current plan, the new plan will be gender rated.

For questions, please contact the Producer Help Desk.

Note: Insured members will not receive an additional rate guarantee when switching from one AARP Medicare Supplement Plan to another.

UnitedHealthcare reserves the right to deny a plan change request. If insured members are denied a plan change request, they can remain with their current plan, with no effect to their current rates.

Application Requirements for Plan Change Situations

Enrollment requirements and application submission methods vary based on the effective date of the insured member's AARP Medicare Supplement/Select plan effective date:

Insured Members Age 65 and Older who are changing from a Medicare Supplement Plan¹

Current AARP Medicare Supplement Plan Effective Date	Plans Changing To	Application Requirements	Application Submission Method Options
5/1/2010 or prior	All	Application in current Enrollment Kit must be submitted; all health questions must be answered ²	Must submit the most current Enrollment Kit application.
6/1/2010 through 6/1/2017 (All Plans except Plan G)	All Plans except Plan G	Application is not required	<p>Plan change can be requested by any of the following 3 options*:</p> <ol style="list-style-type: none"> Change Form: Use the AARP Medicare Supplement Pending Applications and Plan Changes (Form 4). This form can be found on Jarvis under Enrollment > Application Status > Important Documents. Application: Complete a current application and write "Plan Change" at the top right side of the application³. Once completed, submit the application via fax to 888-836-3985. Call: Insured members may also call UnitedHealthcare customer service for AARP Medicare Supplement Plans to request a plan change. The agent will still receive commission but will lose access to new plan details.
	Plan G	Application in the new Plan Change Enrollment Kit must be submitted; all health questions must be answered ²	Must submit the most current Plan Change Enrollment Kit application.
6/1/2010 through 6/1/2017 (Plan G)	All Plans	Application is not required	<p>Plan change can be requested by any of the following 3 options*:</p> <ol style="list-style-type: none"> Change Form: Use the AARP Medicare Supplement Pending Applications and Plan Changes (Form 4). This form can be found on Jarvis under Enrollment > Application Status > Important Documents. Application: Complete a current application³ and write "Plan Change" at the top right side of the application. Once completed, submit the application via fax to 888-836-3985. Call: Insured members may also call UnitedHealthcare customer service for AARP Medicare Supplement Plans to request a plan change. The agent will still receive commission but will lose access to new plan details.

Insured Members Age 65 and Older who are changing from a Medicare Supplement Plan¹ (continued)

Current AARP Medicare Supplement Plan Effective Date	Plans Changing To	Application Requirements	Application Submission Method Options
7/1/2017 or later (All Plans except Plan G)	All Plans except Plan G	Application is not required	<p>Plan change can be requested by any of the following 3 options*:</p> <p>1. Change Form: Use the AARP Medicare Supplement Pending Applications and Plan Changes (Form 4). This form can be found on Jarvis under Enrollment > Application Status > Important Documents.</p> <p>2. Application: Complete a current application³ and write “Plan Change” at the top right side of the application. Once completed, submit the application via fax to 888-836-3985.</p> <p>3. Call: Insured members may also call UnitedHealthcare customer service for AARP Medicare Supplement Plans to request a plan change. The agent will still receive commission but will lose access to new plan details.</p>
	Plan G	Application in current Enrollment Kit must be submitted; all health questions must be answered ²	Must submit the most current Enrollment Kit application
7/1/2017 or later (Plan G)	All Plans	Application is not required	<p>Plan change can be requested by any of the following 3 options*:</p> <p>1. Change Form: Use the AARP Medicare Supplement Pending Applications and Plan Changes (Form 4). This form can be found on Jarvis under Enrollment > Application Status > Important Documents.</p> <p>2. Application: Complete a current application³ and write “Plan Change” at the top right side of the application. Once completed, submit the application via fax to 888-836-3985.</p> <p>3. Call: Insured members may also call UnitedHealthcare customer service for AARP Medicare Supplement Plans to request a plan change. The agent will still receive commission but will lose access to new plan details.</p>

¹Effective with plan change requests received October 1, 2018, and after.

*For all plan changes, agent maintains commissions for original sale according to the compensation plan within their contract.

²Underwriting is required and health questions in Sections 4, 5 and 6 of the application must be answered.

³No underwriting is required and health questions in Sections 4, 5 and 6 of the application do not need to be answered.

UNDERWRITING/RATES

Insured Members Age 50 to 64

Insured members ages 50 to 64 who are insured under an AARP Medicare Supplement Plan and who move into Virginia are not eligible to change plans until age 65.

When an insured member turns age 65, they may plan change to any available plan during their Medicare Supplement Open Enrollment Period (that begins at age 65) without underwriting.

Note: Insured members will not receive an additional rate guarantee when switching from one AARP Medicare Supplement Plan to another.

UnitedHealthcare reserves the right to deny a plan change request. If insured members are denied a plan change request, they can remain with their current plan, with no effect to their current rates.

Did you know?



You can submit a member change request form for updates on information such as:

- Effective date changes
- Plan changes
- Insured member address changes
- Insured member phone number updates
- AARP Membership requests

The AARP Medicare Supplement Change Request Forms can be downloaded on Jarvis under Enrollment > Application Status > Important Documents.

Sales and Marketing Materials

A variety of AARP Medicare Supplement marketing materials are available to use for offering the product.

Access



You can access all of the following materials within Jarvis (www.uhcjarvis.com) in the Sales & Marketing Tools tab under Sales Materials.

The **Sales Materials Portal** is where you will find Enrollment Kits, Plan Change Rate Pages, Select Directories, extra state and material forms, Producer Handbooks, free material orders and other helpful tools when offering AARP Medicare Supplement Insurance Plans.

The UnitedHealthcare **Agent Toolkit** allows you to create customized marketing materials with targeted messages quickly and easily while ensuring compliance with regulatory, State Departments of Insurance, CMS and brand standards. This tool makes it simple to find material, customize it for your market, and then order the materials for download or print.

A link to an online e-store of branded promotional items is also available in this section on Jarvis, where you may order small giveaways to use during in-home appointments, community meetings and other events.

Enrollment Kits and Sales Materials

You can order and download state-specific enrollment kits, guides, and additional enrollment resources on Jarvis through the Sales Materials Portal. Simply log into Jarvis, hover over the Sales & Marketing Tools tab, and select Sales Materials Portal. This will open a new page where you can select the Order Materials tab and filter for the items you are looking for on the left-hand side.

You can now personalize your enrollment kits to include your name, phone number and e-mail address which will be pre-printed on the back cover of your enrollment kit and on the agent section of the application, in the quantity you specify for each state in which they are ordered. All you have to do is select “Do you want to personalize this kit?” within your shopping cart prior to completing your checkout process.

This feature is designed to help you better serve consumers, increase your exposure in the market, and grow your book of business.

Important: Enrollment kits are revised periodically to comply with state requirements and may change during the year. Therefore, we recommend that you order only a small quantity (e.g., a 2-month supply) of material at a time. It is your responsibility to ensure that you and your applicants are only using current materials. Agents may order a maximum of 50 enrollment kits per state, per week. Higher quantities must receive approval.

There are also numerous resources on the Sales Materials Portal, including occasional free material offers.

Agent Toolkit

The Agent Toolkit is your online source for sales and marketing lead generation materials you can customize with targeted messages, then download for immediate use. Continue reading for more information on the types of materials you will find on the Agent Toolkit.

Sales Presentations

The state-specific sales presentations are designed for agents to use at events such as formal sales events, seminars and during at-home appointments. Agents may personalize the sales presentation with their name and phone number on the cover slide and closing slide.

Sales Presentations are available on the Agent Toolkit in PDF format and/or it can be ordered as a table top. The Shop path for Sales Presentations is: SHOP > AARP MEDICARE SUPPLEMENT > SALES PRESENTATIONS.

Lead Generation Materials

AARP Medicare Supplement approved marketing pieces can be used to:

- Generate leads
- Promote formal sales events
- Educate individuals about AARP Medicare Supplement Insurance Plans
- Create awareness of the services you provide as an agent.

A variety of materials are available on the Agent Toolkit, including ads, flyers and postcards, letters and brochures with an assortment of pre-approved options to choose from. Materials are categorized by language, then by product or theme and event. Some approved materials are available in both meeting and non-meeting formats.

You can customize these pieces with your own contact information and will have the option of ordering printed materials directly through the Agent Toolkit or downloading a high-resolution file and taking it to a print vendor of your choosing or print using your office printer.

Ordering materials from the Agent Toolkit is easy. Simply:

1. Use the Home page for a quick, easy start or take advantage of the Guide Me and Shop or Search options to navigate to specific folders to find what you are looking for.
2. Customize and Proof: Information will be pre-populated based on your personal profile, including your name, address, phone, meeting information and picture. You must proof and approve your information prior to ordering.
3. Download or Checkout: For most materials, you will be prompted to either order printed materials or download an electronic version. Downloaded versions are free. For printed items, 8.5 x 11 and 6 x 9 pieces are the most cost-effective.

All marketing materials are reviewed and updated on an annual basis throughout the year. Agents should check periodically throughout the year and download or print the newer version of the marketing piece when available.

Did you know?



New campaigns and updates to marketing pieces are added throughout the year, so remember to check Jarvis and the Agent Toolkit frequently for the most current marketing materials.

Promotional Items



AARP Medicare Supplement-branded promotional items are great to use as giveaways at in-home appointments, seminars and other events.

You may purchase branded items, such as pens and note pads, on the UnitedHealth Group online e-store. You can find a link to the e-store on Jarvis under Sales & Marketing Tools, then click on Promotional Items. Once in the e-store, simply hover over UnitedHealthcare listed on the top navigation bar, then select AARP Medicare Supplement from the drop down menu. All major

credit cards are accepted. Additional items are added to the store throughout the year so check back frequently!

Distribution of gifts and promotional merchandise is subject to applicable state and federal laws and regulations. Please check the regulations issued by your state department of insurance, as laws and regulations can vary by state.

Sales and Marketing Materials Rules

Producers are prohibited from creating new or altering existing marketing materials for AARP Medicare Supplement Insurance Plans. Any material that states the product name or uses the AARP logo or name in any piece must be approved by UnitedHealthcare (UHC) and

AARP Services, Inc. (AARP's wholly owned subsidiary), and in most cases, filed with each state. Therefore, you must only use sales and marketing materials provided by UnitedHealthcare to promote the AARP Medicare Supplement product. **You must not create your own pieces with the AARP Medicare Supplement name or logo.**

The availability of sales and marketing materials varies by state. Materials are filed with each state and may take time to get approval. If no items are available, please check back frequently for approved materials on the Sales Materials Portal and Toolkit.

The following guidelines apply when using AARP Medicare Supplement marketing pieces:

- Use only approved pieces.
- Verify that the piece has been approved in the state(s) you would like to market in. If you do not see a state listed in the Toolkit or Sales Materials Portal on Jarvis, the piece is not approved for use in that state. Check back frequently, as states are added when approvals are received.
- Altering the pieces is prohibited (excluding the editable fields). You must not remove, edit, move or add information to the pieces. You may not make pieces smaller because each state's Department of Insurance requires a minimum font size.
- You may not make cold calls as highlighted in the Branded Products Addendum (Exhibit B) in your contract. And you cannot follow up with your mail recipients to see if they received your mailing or flyer.
- Attaching business cards or labels of any sort with your contact information or other messaging to approved materials is prohibited. You may add your personalized contact information only where indicated on approved marketing pieces prior to downloading or printing material. You may also add address labels to approved pieces with a list of mail recipients.

Please note that you only have access to materials for products in which you are fully trained and certified.

Distribution of materials to uncertified producers is strictly prohibited.

Producers who do not comply may face disciplinary action, including, but not limited to, termination of contract.

As a reminder, be sure to register all events, educational or marketing/sales, formal or informal, with the Centers for Medicare & Medicaid Services (CMS) in the event consumers may have questions on Prescription Drug Plans or Medicare Advantage Plans.

Did you know?



The Sales Materials Portal and Agent Toolkit house different marketing materials, but all can be accessed by logging into Jarvis at www.uhcjarvis.com.

Once on Jarvis, navigate to the Sales & Marketing Tools, then locate the Sales Materials Portal, and UnitedHealthcare Toolkit for these materials.

Sales Materials Portal:

- At Your Best by UnitedHealthcare™ Brochure
- Enrollment Kits - new sales
- Enrollment Kits - plan changes
- Agent Producer Handbooks
- Marketing Materials Catalog
- Printed Non-Personalized Brochures and Fact Sheets
- Product Availability Chart

Agent Toolkit:

- Lead Generation Campaigns
- Sales Presentations
- Personalized Fact Sheets and Brochures
- A2O Elite Materials
- Brochures

The Authorized to Offer (A2O) Agent Program

Authorized to Offer (A2O) AARP® Medicare Plans Agent Program differentiates A2O agents by providing exclusive opportunities to AARP-branded marketing materials, lead program, and rewards program, depending on the agent's status level. Through the program, UnitedHealthcare® also specifically recognizes agents who have met and continue to meet all certification standards, demonstrate competency for AARP Medicare Supplement Insurance Plans, insured by UnitedHealthcare Insurance Company, and serve AARP members' best interests.

The A2O program is split into two status levels that are defined by the underlying requirements. Access to specific types of AARP-branded product marketing materials is determined by earning and retaining a status level annually.

Refer to the following charts for more detail on how the A2O program is split into two status levels, and defined by underlying requirements.

The Authorized to Offer (A2O) Agent Program (continued)

Requirements	Authorized to Offer Agents (Level 1)	Authorized to Offer Elite Agents (Level 2) for AARP Medicare Supplement Insurance Plans.*
Has successfully completed the UnitedHealthcare required certification.**	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Has met the quality production minimum by submitting at least five (5) commission-eligible, accepted and paid sales of AARP Medicare Supplement Plans and/or Medicare Select Plans.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Has met the quality production minimum by submitting at least thirty (30) commission-eligible, accepted and paid sales of AARP Medicare Supplement Plans and/or Medicare Select Plans.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Has successfully completed the certification course called Disrupt Aging (Mature Markets).	<input type="checkbox"/>	<input checked="" type="checkbox"/>

* The term "Elite" is only specific to AARP Medicare Supplement Insurance Plans, not MA/PDP, as they are still considered Level 2.

** AARP Medicare Supplement certification is incorporated into the Medicare Basics course.

Benefits***	Available to Authorized to Offer Agents (Level 1)	Available to Authorized to Offer Elite Agents (Level 2)
Complimentary 3-year AARP membership (a \$43 value) through myAARPconnection.com.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Access to enrollment kits and LEAN, the free and secure online enrollment tool.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Access to product brochures and flyers.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Access to lead generation pieces.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Access to sales presentations.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Eligibility to earn cash and trips from UnitedHealthcare through A2Oh! Rewards Program	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1 AARP-branded window cling (mailed directly to individual agents).	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Promotional giveaways throughout the year.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Access to personalized business cards with the name or logo of AARP-branded products.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Access to AARP-branded web banners.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Access to AARP-branded letter of introduction, personalized lead generation pieces and greeting cards.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Access to AARP-branded shirts and promotional items.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

*** Many of the benefits listed are available free of charge. Visit the Sales Materials Portal and the Agent Toolkit for more information.

MARKETING

The Authorized to Offer (A2O) Agent Program (continued)

Quality Production Minimum Qualifications

Authorized to Offer (Level 1)

From January through December of each year, agents must submit at least **five (5) commission-eligible, accepted and paid sales* of AARP Medicare Supplement Plans and/or Medicare Select Plans** with plan effective dates during that year to retain A2O status. Agents who fail to attain the quality production minimum will be temporarily de-authorized from offering AARP Medicare Supplement Plans and Medicare Select Plans for 60 days.

During the temporary de-authorization period, submitted AARP Medicare Supplement applications will not be considered commission-eligible. Temporary de-authorization status will be displayed on the certificate page on Jarvis. Agents will be listed as A2O status on Jarvis during the temporary de-authorization period.

Active A2O agents with 100 or more engaged AARP Medicare Supplement members in their book of business at the end of the measurement period will not be de-authorized. If an agent does not meet the A2O quality production minimums for two consecutive years, he/she will be permanently de-authorized and will not be permitted to offer AARP Medicare Supplement Insurance Plans or Medicare Select Plans.

Note: If you become temporarily or permanently de-authorized from offering the AARP Medicare Supplement Insurance Plans, you may continue to offer other UnitedHealthcare Medicare Solutions products, including the AARP MedicareComplete and AARP MedicareRx Plans, insured by UnitedHealthcare Insurance Company, provided you have met all relevant credentialing and certification requirements for those products.

* Sale must be commission-eligible. Sales that are not paid a commission include AARP Medicare Supplement Insurance Plan members switching from one plan to another AARP Medicare Supplement Insurance Plan, riders, and sales to consumers under age 65, where applicable. These sales will not count toward your quality production minimum. See your contract for details. Sale must also be paid with at least one month's full premium paid by the consumer. Note: First month's premium payment must be applied to the account by December 31 for the premium to be considered paid.

** Program rules are subject to change and may be discontinued at any time.

*** The term "Elite" is only specific to AARP Medicare Supplement Insurance Plans, not MA/PDP, as they are still considered Level 2.

Authorized to Offer Communications

Each month A2O agents, eligible to offer AARP Medicare Supplement Insurance Plans, will receive production statements in their e-mail reflecting the number of accepted and paid AARP Medicare Supplement Insurance Plan applications as of the date stated in the e-mail. Agents' most current and up-to-date AARP Medicare Supplement application status can be found on Jarvis. If an application was accepted and paid after the date listed in the e-mail, it will be reflected in next month's email.

Launched in 2017, the Production Milestone Program** was designed for A2O agents so that with each sales "milestone" an agent reaches, they will be mailed a postcard, along with a surprise congratulatory giveaway! This program is a great way for A2O agents to be informed about their production and stay engaged with their AARP Medicare Supplement sales.

Authorized to Offer (A2O) Elite (Level 2)

From January to December, NMA and ICA agents who submit at least **thirty (30) commission-eligible, accepted and paid sales* of AARP Medicare Supplement Plans and/or Medicare Select Plans** with plan effective dates during that year and are authorized to offer all three AARP-branded products (AARP Medicare Supplement Plans, AARP MedicareComplete and AARP MedicareRx Plans) will be invited to move to A2O Elite of the A2O program.*** To be promoted to A2O Elite, agents must complete one more, short certification course called "Disrupt Aging (formerly known as Mature Markets)." A2O Elite agents must maintain the A2O Elite production minimum (as noted above) and certification requirements each year from January through December to continue using A2O Elite materials.

ISR agents may complete the Disrupt Aging certification course for A2O Elite status once they have at least one AARP-branded product certification successfully completed.

Active A2O Elite agents with 200 or more engaged AARP Medicare Supplement members in their book of business at the end of the measurement period will retain A2O Elite status and will continue to have access to A2O Elite program material.

Solicitor agents are not eligible to join A2O Elite status unless they are also a principal of an organization.

Status

Agents can view their A2O status on Jarvis by clicking on Agent Search, typing in their name and selecting their correct information to view their profile. They may also contact the Producer Help Desk.

A2O! Rewards Program

A2O Elite agents can earn points toward cash rewards from UnitedHealthcare on commission-eligible, accepted and paid sales of AARP Medicare Supplement Insurance Plans and/or Medicare Select Plans with plan effective dates during the program measurement period of January through December. (This excludes under age 65 applications in all states except New York, riders, and plan changes.) Eligible agents can earn as much as \$7,500 per year in cash rewards!

Best of all, you start earning points towards cash rewards as soon as you submit your first application! And don't worry about keeping track - you will receive a monthly email showing how many points you have earned so far in the program. Your monthly statement will also reflect the number of accepted and paid AARP Medicare Supplement Insurance Plan applications as of the first day of the prior month. Agents' most current and up-to-date AARP Medicare Supplement application status can be found on Jarvis. If an application was accepted and paid after the first day of the prior month, it will be reflected in the next month's email.

And to honor top-performing sales success, **in addition to earning cash payouts**, A2O Elite agents (who have 125 or more commission-eligible accepted and paid sales in their book of business for the calendar year) will also be eligible to earn a travel reward

from UnitedHealthcare! Based on the total number of accepted and paid sales during the qualification period, an agent may choose from a variety of exciting destinations. Agents within the top 10 or top 25 in sales production will receive upgraded trip options! Past popular trips included: an Alaskan Cruise; San Diego Family trip; Washington, D.C.; Sedona, Arizona; Tahiti, French Polynesia; Banff, Alberta; St. Pete Beach, FL. There are other great options to choose from like Walt Disney World; Rome, Italy; Sydney, Australia; New York; California; and Greek Islands.

Trips will be awarded annually in February. Agents must redeem their trips within the calendar year of being awarded. Eligible agents will be contacted with instructions on how to redeem their trip and may select a trip of lesser value if they choose. Agents can explore the GO! trip options at www.engageno.com/unitedhealthcare54239.

For complete details on this exciting A2O! Rewards program, please visit the Authorized to Offer section under the Sales & Marketing Tools tab within Jarvis.

Note: Rewards are in addition to your existing plan commissions. Eligibility and rewards may vary for some states and may be discontinued at any time.

Exclusions: Applications for insured members residing in Minnesota, North Dakota, West Virginia and Washington are not currently eligible to count towards points or trip rewards. Also, applications for any individual/applicant who is eligible for guaranteed issue coverage outside of his/her open enrollment period as of the plan effective date will not count towards points or trip rewards in all states except CO, CT, FL, IN, MA, MO, MT, NY, OR, SC, TN, VT and WI.

A2O Elite Lead Program

A2O Elite agents in good standing may have the opportunity to take advantage of the A2O Elite Lead Program for AARP Medicare Supplement Insurance Plans! This benefit allows qualified A2O Elite independent agents to opt-in to the program where they will receive AARP Medicare Supplement Insurance Plan leads from consumers who requested additional plan information.

The Authorized to Offer (A2O) Agent Program (continued)

Leads are not from a paid list; they are sourced from an existing list of consumers who have requested more information for AARP Medicare Supplement Insurance Plans by calling, mailing or submitting an online inquiry. Leads may be sent between 15-45 days of the initial inquiry. Participation in the A2O Elite Lead Program for independent agents are by invitation only. Once an agent receives an invitation, a mandatory training module about the program and the lead software, called bConnected, is required. Upon completion of the training, agents will receive instructions on accessing bConnected and in a few weeks, leads will start being distributed. Please note, in order to receive leads, the training must be completed in its entirety. Learn more about the A2O Elite Lead Program for independent agents by contacting uhcmedsuppleads@uhc.com.

Guidelines

For more information regarding marketing guidelines and the A2O program, including A2Oh! Rewards Program rules, see the **full A2O program guidelines**, which can be found on Jarvis in the Sales & Marketing Tools tab under Authorized to Offer.

Note: A2O Elite materials are for agents who have A2O Elite status. Qualified A2O Elite agents may not share A2O Elite materials with A2O agents. Materials must not be used to generate leads to be provided to A2O agents.

Program rules and quality production minimums are subject to change.

AARP Services, Inc. Agent Visits

All UnitedHealthcare agents that are A2O or A2O Elite are subject to quality-control visits from staff members of AARP Services, Inc. (ASI) Distribution.

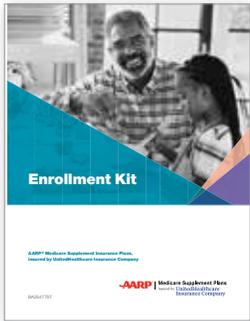
The purpose of these visits is to ensure that agents are meeting all code of ethics and other contractual obligations to UnitedHealthcare related to participation in the A2O program for the AARP-branded products.

Each quarter, ASI Distribution staff will contact agents to schedule face-to-face meetings at a mutually convenient time and place. The visits will typically last about an hour during which time the ASI staff person will explain their role, ask about the agent's background and solicit feedback about AARP and the AARP-branded products offered through UHC.

Agents are encouraged to be candid. Agents should also remember to adhere to all privacy and related rules concerning consumers and be sure to contact their up-line or available UHC resources to address specific issues as appropriate.

Enrolling Applicants

Enrollment Kits



Enrollment kits are available for all producers who are certified by UnitedHealthcare to offer AARP Medicare Supplement Insurance Plans. The enrollment kits contain all of the materials necessary to complete a sale. You can order and download state-specific enrollment kits, guides, and additional enrollment

resources on Jarvis through the Sales Materials Portal. Simply log into Jarvis, hover over the Sales & Marketing Tools tab, and select Sales Materials Portal.

This will open a new page where you can select the Order Materials tab and filter for the items you are looking for on the left-hand side. If you need an enrollment kit immediately, you may download it while you wait for your order.

You can personalize your enrollment kits to include your name, phone number and e-mail address, which will be pre-printed on the back cover of your enrollment kits and on the agent section of the application, in the quantity you specify for each state in which they are ordered. All you have to do is select “Do you want to personalize this kit?” within your shopping cart prior to completing your checkout process.

On the Sales Materials Portal you will also find plan change rate pages, Select directories, extra state and material forms, producer handbooks, free material orders, as well as other helpful tools.

It is important to deliver the enrollment kit in its entirety to the applicant, including when submitting an application through the AARP Medicare Supplement Online Enrollment tool, accessible through UnitedHealthcare’s **Landmark Electronic Application Navigator (LEAN)** tool. Please verify you have current materials. Using outdated materials may cause a paper

application to be delayed or rejected, or may cause you to quote an incorrect premium rate.

Remember to leave all items in the enrollment kit with the applicant except for items to be submitted to UnitedHealthcare if you opt to mail or fax the paper application.

Did you know?



You can now easily access the AARP Medicare Supplement Online Enrollment tool within LEAN. Just download the LEAN app from the App Store or Google Play Store or access it online at <https://lean.uhc.com/prweb/PRWebLDAP2>. For complete information about using the online enrollment tool, see the “Submitting an Enrollment Application” later within this section.

Application Forms

You must use the agent version of the AARP Medicare Supplement application, which includes the code 2460720307 at the bottom of the first page of the paper application. Agent versions of the paper application are included in the enrollment kits available through the Sales Materials Portal on Jarvis.

LEAN - Online Enrollment Tool

We strongly recommend you use our Online Enrollment tool to complete and submit applications for increased accuracy and faster processing. See the Did You Know? section on this page for instructions on how to access LEAN. Also, please be sure not to use the consumer-facing website (www.AARPMedicarePlans.com). For more detailed information about submitting an online application, please see the “Submitting an Application” later within this section.

If you do not use the agent application or you use it in combination with a pre-printed consumer application that was received by the consumer in the mail, you will not be paid a commission on the application.

Application Forms (continued)

Prior to filling out the application, you should:

- Confirm the applicant is or will be enrolled in Medicare Part A and Part B as of the coverage effective date
- Confirm the applicant is an AARP member (see “AARP Membership” on page 42 for more details)
- Review plan options with the applicant and provide guidance to the plan that best fits his or her needs
- Indicate the applicant’s plan selection and desired effective date on the application. If the applicant has current health coverage, please note on the application in the appropriate spot.

When no effective date is noted on a paper application, coverage is generally effective the first of the next month following the date the paper application is **received** (as long as the applicant is eligible on that date) and approved by UnitedHealthcare Insurance Company.

Applicants Replacing Coverage

Replacement Notice

Applicants who are replacing another Medicare supplement plan or a Medicare Advantage plan must submit the **Notice to Applicant Regarding Replacement of Medicare Supplement Insurance or Medicare Advantage (Replacement Notice)**.

Each state-specific enrollment kit and the AARP Medicare Supplement Online Enrollment tool include a Replacement Notice, which must be signed by the applicant and the agent.

- If applicants are changing from one AARP Medicare Supplement Insurance Plan to another AARP Medicare Supplement Insurance Plan, the Replacement Notice is not required.

Continuous Coverage

Applicants who are replacing their existing Medicare supplement coverage should not cancel their coverage until they receive confirmation of acceptance, the new coverage’s effective date, and notification of the final premium rate. When replacing an existing policy, applicants should request a plan effective date to coincide with the date existing coverage ends.

Please note: AARP Medicare Supplement Insurance Plan effective dates are always the first of a month.

For more information on effective dates, please refer to the section on effective dates under “Application Processing” of this Producer Handbook.

Replacing a Medicare Advantage Plan

Enrollment in Medicare supplement insurance does NOT automatically disenroll an applicant from a Medicare Advantage plan. Applicants should contact their current insurer or 1-800-Medicare to see if they are eligible to disenroll, and to disenroll if they are able. They may choose to disenroll from their Medicare Advantage plan with Rx coverage by enrolling in a stand-alone prescription drug plan if they are able to do so. Medicare Advantage and Medicare supplement coverage **cannot overlap**, and there should be no gap in coverage, so request a plan effective date to coincide with the date existing coverage ends.

Application Checklist

Please be sure to complete and submit all the necessary forms to ensure your enrollment is processed quickly and accurately:

- Complete all required sections of the application, including:**
 - AARP membership number (if currently an AARP member or another individual living in the same household is an AARP member). Verify with the applicant the number provided is correct and current.

- Applicant’s demographic information such as First Name, Middle Initial, Last Name, and Permanent Home Address (P.O. boxes are NOT acceptable permanent addresses. A permanent address is considered the applicant’s actual/physical residence. If mail cannot be delivered to the applicant’s permanent address, a P.O. box can be used as the mailing address only.)

Note: Applicants are now able to provide an additional temporary mailing address for instances where the applicant has two households throughout a year. The insured member may call to have their member communications mailed to their temporary mailing address but must call back to reinstate the permanent mailing address.

- The applicant’s plan selection

Note: If a plan is not selected on the application, the plan with the highest level of coverage will automatically be assigned. A letter will be sent to the applicant notifying them of this assigned plan and if this is not the plan they intended they should initiate a plan change. Please refer to the plan change section to determine the best option for your client.

- The conditions of eligibility and authorization
- Requested effective date (if left blank, the effective date will be the first day of the month after **receipt** of paper application)
- Health questions (if applicable)
- All required signatures and dates
- Applicant’s current health coverage (if applicable)
- **Documentation that supports Guaranteed Issue** (if applicable). For example, carrier termination notice, official employer letter stating termination of coverage information (must include employee name and termination date on employer letterhead) or a notification of rights that the applicant received from their prior insurer or employer.

Signatures:

- Section 9 - Applicant(s) **must sign** and date the “Your past and current coverage” section.

- Section 10: Applicant(s) and Agent **must sign** and date in the Authorization and Verification of Application of Information section.

- Section 11: Applicant(s) **must sign** and date in the Authorization for Verification of Information section.

- Section 12: Agent must complete name, agent id, and sign and date the last page of the application.

Note: Paper applications cannot be backdated prior to the application signed date for any reason.

- Applicant(s) and Agent **must sign** and date the Replacement Notice if one is needed.

All signatures must be clear.

Invalid Signatures

Here are descriptions that help identify invalid signatures:

- Initials only on the Signature Field
- First name or last name only
- “X” or “other marks” for signature (when not notarized)

Paper applications with erasures or other alterations may be delayed or rejected. **If a mistake is made, cross out the incorrect information, write the correct information nearby, and have the applicant initial the correction.**

If the application is incomplete or clarification is needed, we may contact you or the applicant by phone or letter. We encourage you to explain this to applicants and ask for their prompt cooperation.

Online enrollment signatures can be captured in different ways:

- Electronic signature via signature pad or touch device, or
- Remote digital signature using DocuSign

For complete details and information on how this process works, please see the Submitting an Application section.

Application Checklist (continued)

Did you know?



The most common reasons for applications to be delayed are due to:

- Incomplete applicant demographics (name, date of birth, etc.)
- Missing AARP membership number & dues
- Incorrect AARP membership number for existing members
- Missing applicant signatures
- Missing agent signature & Replacement Notice
- Invalid effective date request (date in the past or too far into the future)

AARP Membership:

Applicants must be AARP members or live in the same household as someone with whom they share an AARP membership number to enroll in an AARP Medicare Supplement Insurance Plan. If an applicant is not an AARP member, the agent can assist in enrolling him/her through one of the following methods (Agents may not purchase membership for individuals):

- If submitting through the AARP Medicare Supplement Online Enrollment tool, a consumer can join, renew or verify AARP membership through the AARP membership portal.
- Join, renew or verify AARP membership online at MyAARPConnection.com. Agents will need to register for MyAARPConnection.com upon first visiting the website. (See “MyAARPConnection.com” in the AARP Medicare Supplement Insurance section on page 10 of this Handbook for more details.)
- Applicants may call 1-866-331-1964. Representatives are available Mon. - Fri., 7am-11pm and Sat., 9am-5pm ET.

- If submitting a paper application, complete an AARP membership form (in kit) and include a separate consumer’s check payable to AARP for dues. (You must not accept money from the consumer and send your personal/agency check/money order to pay AARP membership dues.) Both check and form should be included with the application.

Note: One membership covers both the AARP 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.

Exception: If two individuals in the same household want to use separate bank accounts to pay their AARP Medicare Supplement Plan premium through Electronic Funds Transfer (EFT), the individuals will need two separate memberships, and will lose any multi-insured discount that may have applied to a single household.

- Dues are not deductible for income tax purposes.

An insured member must have an active AARP membership if they want to change from one AARP Medicare Supplement Plan to another AARP Medicare Supplement Plan. Insured members may renew expired memberships online at MyAARPConnection.com.

Electronic Funds Transfer (EFT) Discount:

- Complete and submit the Automatic Payment Authorization form in its entirety if applicants want to pay future premiums by deducting their payment from their checking or savings account.
- When using the AARP Medicare Supplement Online Enrollment tool, applicants will have the option to sign up for recurring EFT withdrawals or monthly coupon payments.

Note: Electronic Funds Transfer (EFT) requests will be processed on the 5th of the month and may take one month (or more if a future effective date) to become active, depending upon date application is received and processed. If the insured member is accepted prior to the plan effective date, the first EFT payment will be drawn at the start of the plan effective date month.

For more information on Electronic Funds Transfer, please see the “Application Processing” section under “Billing Options” on page 49 in this Handbook.

Premium Check:

You may collect and remit for the first month’s premium. (If the applicant is changing from one AARP Medicare Supplement Plan to another AARP Medicare Supplement Plan, do not send any money.)

- Make checks payable to **UnitedHealthcare Insurance Company** and include with mailed applications (applications with checks cannot be faxed).
- Please print the applicant’s full name on the memo line of the check.
- If submitting paper applications for two applicants in the same household, submit a separate check for each applicant.

Replacement Notice: Complete and submit, if applicable.

- Required for applicants replacing another Medicare Supplement plan or any Medicare Plan such as a Medicare Advantage plan.
- Both the applicant and the agent must sign the same Replacement Notice.

Note: A Replacement Notice is not required if applicants are replacing one AARP Medicare Supplement plan with another AARP Medicare Supplement plan.

Provide to Applicant

A copy of the following documents should be provided to the applicant when applying for coverage:

- Electronic Funds Transfer (EFT):** Give a copy of the Automatic Payment Authorization form to applicant.
- Replacement Notice:** Provide applicants with a copy of the Replacement Notice.
- Guide:** Provide applicants with the “Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare.”

Application and Commission Processing Delays

Incorrect or incomplete information can cause application processing and/or agent commissions to be delayed. Some of the most common reasons are:

Application Delays

- Missing or inactive AARP membership number (AARP membership form and/or dues are not included with the application)
- Missing documents (Replacement Notice and/or documents needed to be considered for Guaranteed Issue, such as Termination Notice from prior insurer)
- Missing demographic information on application, such as applicant name, address, city, state, zip, date of birth, phone, and Part A and B effective dates
- Missing signatures and signature dates of agent and/or applicant
- Comments written outside of required areas on the paper application, including application corrections
- Documents submitted but not needed, such as copy of Medicare card or AARP membership card, Scope of Appointment, or Conditional Receipt

Commission Delays

- Agent ID or signature missing, illegible, or incorrect
- Inserting the agent signature page with a pre-printed consumer application that was received by the consumer in the mail will not be compensated

Note: Commissions may not be payable for applicants under age 65, and in certain other scenarios. Please consult your contract paperwork.

If you would like to provide additional documents for pending applications, please ensure the applicant’s name and AARP membership number are indicated on each page of the application and fax to pending enrollment documents at 248-524-5763.

Application and Commission Processing Delays (continued)

For new or updated EFT set up, please use the AARP Medicare Supplement General Information Change (Form 1) found under the Enrollment tab, Application Status, Important Documents on Jarvis.

For new paper enrollment documents, you may fax them to 888-836-3985, **being sure to include applicant name and AARP membership number on your cover sheet.** Please do not include another full copy of the application, nor the first page of the previously submitted application.

You may mail documents to:

UnitedHealthcare Insurance Company
Enrollment Division
P.O. Box 105331
Atlanta, GA 30348-9484

Please allow at least 10 business days for your issue to be handled.

For EFT documents, you may mail them to:

UnitedHealthcare Insurance Company
Billing Division
P.O. Box 105332
Atlanta, GA 30348-9535

Submitting an Application

There are three easy ways to submit an application. Only submit application via **one** method from the options below:

1. Online through the AARP Medicare Supplement Online Enrollment tool through **LEAN**
2. Mail a paper application (if you are including check or money order, this is the only option)
3. Fax a paper application (only with valid AARP membership and must not include check or money order)

AARP Medicare Supplement Online Enrollment

At UnitedHealthcare, we've made enrolling new insured members even easier. The AARP Medicare Supplement Online Enrollment tool is now accessible through UnitedHealthcare's **Landmark Electronic Application Navigator (LEAN)**. It's one more way we are working to simplify the AARP Medicare Supplement Insurance Plans sales process.

This dynamic online tool generates an application based on the applicant's zip code, date of birth and Medicare Part B effective date. Based on this information, you are given a plan selection list with estimated rates for each plan. As you advance from screen to screen, the online application displays or skips over questions based on previously provided information, as applicable.

The tool also allows you to:

- Enroll, renew or verify AARP membership for the applicant.
- Fill out ancillary forms, such as the replacement notice, if required. Note: One of these options must be chosen for the applicant to enroll.
- Save/resume an AARP Medicare Supplement application (up to 90 days).
- Review submitted AARP Medicare Supplement applications (up to 90 days).
- View immediate application statuses of "accepted" or "pending" after selecting "submit" (status is shown on the confirmation page and on the view saved/ submitted dashboard).

Note: Application Status of approved, pending or denied will be emailed to the applicant who provided their email address on their application and elected to receive information electronically.

- Offer consumers the option to receive their Plan Documents electronically. The Member Experience enhancement allows consumers who signed up to receive their documents electronically to access a version of the Member Website.

- Easily fax any additional documents that may be needed (such as Legal or Guaranteed Issue documents). More details and fax information is included in the “Faxing Supporting Documents with Online Enrollment Submission” later within this section.

You must provide the consumer with a full AARP Medicare Supplement enrollment kit, which includes the Centers for Medicare & Medicaid Services’ Guide, *Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare*.

The tool is only available with an Internet connection (no offline option).

How to Access AARP Medicare Supplement Online Enrollment

Download the **LEAN** app from the App Store, Google Play Store or access it online at <https://lean.uhc.com/prweb/PRWebLDAP2>.

If you would like to resume a saved application or view a submitted application, select the “Saved/Submitted Med Supp application” icon.

Online enrollment can be used on both tablets and computers, and it’s compatible with the latest Internet browsers.

Capturing Signatures

Online enrollment signatures can be captured in different ways:

- Electronic signature via signature pad or touch device, or
- Remote digital signature using DocuSign

Before you begin an online application, confirm that the consumer understands and is willing to sign the forms using one of the options above.

For additional details, download the LEAN User Guide, which can be found on Jarvis in the Knowledge Center.

Electronic Plan Documents

Consumers now have the option to receive their Plan Documents electronically when applying through the AARP Medicare Supplement Online Enrollment tool within **LEAN**. (This option is currently not available for paper applications.) This electronic option gives consumers access to plan-specific documents for viewing, saving or printing. Documents include important information such as a Certificate of Insurance, an outline of plan benefits, hospital directory for AARP Medicare Select Plans, and A Guide to Health Insurance for People with Medicare.

Applicants who sign up to receive information electronically when enrolling via LEAN will be invited to access a version of the Member Website. Once signed in, members will have access to account settings, plan documents, the ability to download a temporary identification card, value-added services information and Electronic Funds Transfer (EFT) documents. Best of all, they can pay their premium by scheduling a one-time EFT payment, or setting up recurring EFT payments all within the site.

On the member’s plan effective date, all of the features on the Member Website will automatically be available. Here they will be able to access additional information such as their claim history, benefit summary page, etc.

Consumers will also have the ability to:

- view value-added services available in their area
- update their email and plan document delivery preference
- access information from any device

Consumers will still receive their health insurance card and a coupon book for payments (if it applies) through the U.S. Mail.

In the Review and Submit section of online enrollment, consumers will be asked to select how they would like their plan documents delivered – either via paper or electronically. If they choose the “online” option, they must agree to receive their plan documents electronically, instead of receiving paper copies through the U.S. Mail. When plan documents are available, the consumer will be notified by email with a link to access the documents.

Submitting an Application

(continued)

The types of communications available electronically are subject to change. If additional types of communications become available for electronic delivery, the consumer will have the opportunity to select their delivery preference at that time. Occasionally, in addition to electronic delivery, they may also receive a hard copy document.

Faxing Supporting Documents with Online Enrollment Submission

If you have additional documents (such as Legal or Guaranteed Issue documents) that are needed to process the online application, please fax in the required documents to the following fax number: **248-524-5747**.

This fax number must only be used to provide additional documentation for applications submitted via online enrollment.

- A fax coversheet is provided on the submission confirmation page for your convenience.
- Please be sure to include the consumer's name, address and AARP membership number on the fax coversheet.
- Once you receive a fax receipt confirmation, please return original documents to the consumer or destroy copies in a secured manner.

Need Help?

For complete instructions on how to use the AARP Medicare Supplement Online Enrollment tool, visit Jarvis, Knowledge Center, then Systems & Technology.

Mailing Paper Applications



Please mail all appropriate paper applications, checks and forms in the postage-paid business reply envelope included in the enrollment kit. If you are including multiple applications please see the multi-application coversheet section below. If the envelope is lost or misplaced, please mail to:

UnitedHealthcare Insurance Company
Enrollment Division
P.O. Box 105331
Atlanta, GA 30348-9484

To send overnight (packages must arrive by 9:00 a.m. to be considered received for that day, packages received after 9:00 a.m. will be received the next business day.)

UnitedHealthcare Insurance Company
Enrollment Division
4868 GA Hwy. 85, Suite 100
Forest Park, GA 30297

Contact Phone: (404) 765-2116 or (404) 763-4738 (for delivery purposes only)

Note: Agents are responsible for covering the cost of overnight mail service.

For questions, please call the Producer Help Desk at 1-888-381-8581.

Multiple Application Cover Sheet

The Multiple Application Cover Sheet is for use when mailing multiple paper applications in the same package and when dues and/or a premium check have been collected. Staple each application and its related documents together, with payment(s) as the top document(s). All documents should be stapled separately for each applicant. Do not use paper clips, and do not make any additional notes or comments on the Multiple Application Cover Sheet.

Complete the Multiple Application Cover Sheet and keep a copy of the form for your records.

Larger 9 x 12 AARP Medicare Supplement application return envelopes are available for order on the Sales Materials Portal through Jarvis. This is an optional envelope that can be used for mailing multiple applications or larger applications as an alternative to the one supplied within the enrollment kit.

The Multiple Application Cover Sheet and larger envelope can be downloaded and ordered from Jarvis by logging in and hovering over the Sales & Marketing Tools tab, and select Sales Materials Portal.

Faxing Applications



You may fax your paper applications **ONLY** if:

- **Applicant is already a member of AARP and,**
- **There is no check with the application.**

Although faxing is not encouraged, we can accept faxed applications for NEW applicants and documents related to recently submitted applications.

Faxed applications are handled in the same order as applications received by mail. There is no priority handling for faxed applications vs. mailed applications.

FAX Number: 1-888-836-3985

Things to remember when submitting applications:

- Do not fax AND mail applications. Use only one application submission method: If the same application is faxed and mailed, the application received second will automatically be denied.
- Do not fax an application and mail a check.
- Create a separate fax transmission for each applicant. Do not combine multiple applications in the same fax, as this can result in a potential privacy sharing issue.
- Include the fax cover sheet template which can be found on the Sales Materials Portal.
- **Fax application pages in correct numerical order.**
- If faxing additional documents separately from the application, clearly print the applicant's name and AARP membership number on each page, and be sure to reference the original application.
- Ensure that the Electronic Funds Transfer and banking information matches the name on the application prior to submitting.
- Verify that the fax number entered is correct before submitting.
- Verify that the fax number on the confirmation page is the same fax number.

- Keep a copy of faxed applications for your records.

Note: It is not necessary to fax an application taken close to the end of the month. Simply complete the Requested Effective Date on the application and be sure the application is signed and dated prior to the Requested Effective Date.

The AARP Medicare Supplement fax number cannot be used for prescription drug plans or Medicare Advantage application submissions. There is a different fax number for PDP and MA.

If faxing additional documents (such as Guaranteed Issue or Legal documents) separately, do not include a copy of the application; only applicant name and AARP membership number are necessary for processing.

Application Processing

Once we receive a paper application, we scan it and enter the application information into our system. Online applications are immediately entered into our system upon hitting the submit button. Typically, we process paper applications within 10 business days; however, the process could be quicker or slower depending on the completeness and accuracy of the application and the level of underwriting required. Only AARP Medicare Supplement applications can be processed. Any other UnitedHealthcare plan, such as a Part D Plan, cannot be processed with an AARP Medicare Supplement Plan.

Effective Dates

All coverage is issued effective the first day of the month and never before the Medicare Part B effective date.

No Effective Date on Paper Application



When no effective date is noted on a paper application, coverage is generally effective the first of the next month following the date the paper application is **received** (as long as the applicant is eligible on that date) and approved by UnitedHealthcare Insurance Company.

Caution: If an application is received on 10/26, with no effective date indicated, the assigned effective date will be 11/1. Many times the applicant might be seeking a 1/1 effective date and this will not be assigned if not indicated on the application.

We suggest you always complete the Requested Effective Date to ensure that the applicant's coverage becomes effective on their desired effective date.

Requested Effective Date

Applicants who would like to request a specific effective date should fill out the "Requested Effective Date" box on page 2 of the application or section 1 of the AARP

Medicare Supplement Online Enrollment tool. This date must be the 1st of a month.

Applicants can choose to have an effective date up to 90 days after the application is received and approved.

Example: If the application is received on 9/15, the requested effective date can be as late as 12/1.

Applications submitted to UnitedHealthcare by the last day of a month, with effective date noted for the 1st of the following month, will be given that effective date assuming the application is complete, accurate and approved.

New to Medicare Applicants Turning Age 65 or Older

Applicants who will become eligible for Medicare at age 65 can submit their paper or online application up to 14 months in advance of their 65th birthday month (for the coverage to become effective in coordination with their Medicare effective date). If we receive the application more than 90 days before the 65th birthday month, we will hold the application until 90 days prior to their 65th birthday or Part B effective date and process the application at that time. All other applicants must wait to apply within 90 days of the requested effective date.

Applicants turning 65 and enrolling in Medicare Part B are eligible for waiver of pre-existing conditions and underwriting. See Open Enrollment for more information.

Application Status



You may check the status of submitted applications on Jarvis. Simply log in under the Enrollment tab and select Application Status and search the system by filling out the applicant search form. If application is pending, use the mouse to hover over the Reason for more detail about the pended application.

Agents without Internet access can obtain application status by calling the Producer Help Desk at 1-888-381-8581, and following the telephone prompts for "status of an enrollment" and "AARP Medicare Supplement."

Billing Options

AARP Medicare Supplement plan holders have the following billing options:

1. Electronic Funds Transfer (EFT): Insured members may have their monthly premiums automatically deducted from their checking or savings account. This ensures that they never forget a payment.

Only one EFT can be assigned to each household. The EFT drafts for all insured members/products indicated on the household will bill to one EFT account.

To put this payment method into effect, applicants who are applying through a paper enrollment need to fill out an Automatic Payment Authorization form (included in the enrollment kit) which can be submitted with the application. Applicants must keep a copy of the completed Automatic Payment Authorization form. The form can be submitted with the application and a check for the first month's premium may also be included but is not required.

If applicants are applying through the AARP Medicare Supplement Online Enrollment tool, applicants can enroll to make either a one-time or ongoing premium payment via EFT through their savings or checking account.

Note: AARP Medicare Supplement Online Enrollment applicants will have the option to sign up for recurring EFT withdrawals or monthly coupon payments.

Electronic Funds Transfer (EFT) processing occurs monthly on or about the **5th of each month.**

If a paper application is submitted with an Automatic Payment Authorization form and is processed and accepted prior to the requested effective date, it will draft on the first of the effective month.

If a paper application is submitted with an Automatic Payment Authorization form and is processed and accepted after the requested effective date, the policy will be overdue until the first month's payment is submitted, unless a check for the first month's premium was included with the application.

Example: A paper application is submitted on January 31 and accepted February 6 with a requested effective

date of February 1. This has missed the February EFT draft. If no payment for the first month's premium was included, the next EFT will process on March 1 for one month's premium only. Payments always post to the oldest premium due, meaning the amount drafted will post to the February premium and the plan will be paid through February. March will continue to be past due until the initial premium payment is made. The EFT will only draw one month's premium at a time and apply it to the oldest premium amount due.

If the plan is processed after the requested effective date, the insured member should make an initial one-time payment to avoid this issue.

If an application is submitted with an Automatic Payment Authorization form but includes **a check with an amount greater than the first month's premium**, the difference will be applied to the next month's premium.

Example: A paper application is submitted with a requested effective date of April 1, and the first month's premium is overpaid by \$15. On May 5, the Electronic Funds Transfer (EFT) will process for the May premium less \$15. On June 5, the Electronic Funds Transfer (EFT) will process for full June premium.

If the Automatic Payment Authorization form submitted cannot be processed, the payment method will automatically defer to the coupon booklet. A new Automatic Payment Authorization form will be sent to the insured member to be completed and returned.

2. Direct Bill/Coupon Booklet: Insured members may write a check each month and send it by mail using their coupon books, which they will receive after they have enrolled. Checks must be made out to **"UnitedHealthcare Insurance Company."** Payments should be mailed to the address listed on the coupon.

Billing Procedures

Insured members will receive billing information for their account. **Two individuals in a household who share an AARP membership number will receive one billing amount for the household.**

Billing Procedures (continued)

However, if two insured members in a household would like to be billed separately or want separate bank accounts for Electronic Funds Transfer (EFT), they must have separate AARP membership numbers. Any multi-insured discounts* (5%) that may be applicable to the household would no longer apply if there is a request to separate accounts for billing purposes.

If two individuals in the household have individual AARP membership numbers, the accounts can be combined under one AARP membership number for billing purposes, if requested.

Note: Prior to requesting billing to be combined, insured members must contact AARP to merge AARP membership accounts.

Separation of two insured members in the same household account:

While not common, at times two insured members in a household would like to separate their account. When this occurs, each person must have an active AARP membership. Agents can submit this request using Agent Form 2. Ensure AARP membership numbers and EFT account are identified for each insured member. If needed, a new EFT Automatic Payment Authorization form can be submitted using Agent Form 1. With a separation of the account, any multi-insured discounts* (5%) that may be applicable to the prior household would no longer apply if there is a request to separate accounts for billing purposes.

Combination of two insured members in different household accounts:

At times, two insured members in a household would like to combine their two separate AARP Medicare Supplement accounts. When this occurs, the insured members must contact AARP to merge the two AARP membership accounts. Once this occurs, the agent can request the combination of accounts using Agent Form 2.

*Multi-insured discounts are not available in all states.

Annual Payer Discount

The Annual Payer Discount is available to insured members who pay their yearly premium (from January to December of each year).

Insured members qualify for a \$24.00 discount per household per year when they have paid their entire calendar year premium by the end of January. This discount is only available when a full calendar year payment is made. For example, if an insured's coverage becomes effective on February 1st, they cannot take advantage of this discount until the following calendar year.

Producer Compensation

We value our relationship with you and have developed a compensation plan to reflect your efforts in selling the AARP Medicare Supplement Insurance products. You can find detailed information on the compensation plan within the contract signed by you/your company. Payments under the compensation plan shall be made in compliance with applicable state laws and regulations.

Lifetime commission renewals are available in select states.

Commission Status – EDC and ICA agents only

You can look up your commission status on Jarvis under the Commissions tab. If you have questions, please contact the Producer Help Desk at 1-888-381-8581, Monday through Friday, 8:00 a.m. to 9:00 p.m. EST.

The following chart will assist in understanding the internal codes:

Plan Code	Internal Code
A	A01
B	B01
C	C01
C - Select	CS1
F	F01
F - Select	FS1
G	G01
G - Select	GS1
K	K01
L	L01
N	N01
N - Select	NS1

Insured Member and Agent Servicing

Insured Member Communications

Once individuals are enrolled in an AARP Medicare Supplement Insurance Plan, they will receive various communications throughout the year. The goal is to enhance the insured members' experience by providing meaningful and timely information. Here's an overview of the types of communications delivered:

- **Plan Documents** – The Plan Documents (formerly known as Welcome Kits) include the Certificate of Insurance, billing information, review of Value-Added Services, and other important notices and information. For those who do not sign up for automatic bank withdrawals at the time of application, an Automatic Payment Authorization form will be included in their Plan Documents.

When an insured member is enrolled through the AARP Medicare Supplement Online Enrollment tool within **LEAN**, they now have the option to receive their Plan Documents electronically. This option is not currently available via paper applications. For more information about this online feature, see the "AARP Medicare Supplement Online Enrollment" section under "Enrolling Applicants" in this Handbook.

The Member ID card and the Coupon Booklet are mailed separately from the Plan Documents.

- **STRIVE Newsletter** – This newsletter provides the insured member with articles and tips for a healthy lifestyle.
- **Annual Rate Notification** – Informs insured members of their new rates for the coming year. Generally, the annual rate notification is sent out in the fall.
- **Plan Review Kit and Communications** – Communications with product/plan-specific information, retention, legal and data-triggered

notices are sent to insured members, as appropriate, throughout the year.

- **MyAARPMedicare.com** – This is a member-authenticated website (not to be used by agents) where the insured member can sign up with their Member ID once they have received their card. This online tool provides the insured member with information specific to their plan information, claims, payments and more.
- **Beginsat50.com** – This website is a general information website for the insured member, which can be accessed from a promotional code within the STRIVE Newsletter or by calling a UnitedHealthcare Customer Support Representative (1-800-523-5800). You may provide insured members who have paid their first month's premium payment with the following access code: AMEDSUP.
- **E-mail Communications** – Insured members who prefer digital communications can provide their e-mail addresses and receive eNews and other e-mail communications relevant to their plans and available value-added services.

For additional information about Value-Added Services and AARP Memberships that may benefit the insured member after becoming enrolled, please see the AARP Medicare Supplement section on pages 7 through 11 of this Handbook.

Insured Member Claims Forms

Most claims are filed with Automatic Claim Filing. This means most claims should be forwarded directly to UnitedHealthcare Insurance Company.

Manual claims should include the insured member's name, address and AARP Membership number written on all documents being filed and can be mailed to:

UnitedHealthcare Insurance Company
Claim Division
P.O. Box 740819
Atlanta, GA 30374-0819

For claim-related questions, insured members may call and speak to a Customer Service Representative weekdays from 7:00 a.m. to 11:00 p.m. and Saturday 9:00 a.m. to 5:00 p.m. Eastern Time by calling **1-800-523-5880**.

Agent Servicing Forms

There are AARP Medicare Supplement Agent Change Request Forms available which allow the agent of record or their representatives to submit specific change requests for their clients. These forms can be found on Jarvis under Enrollment > Application Status > Important Documents. When the form that is needed is located, fill it in, attach the supporting documentation, then fax or e-fax to 248-524-7543 (Billing forms) or 248-524-5763 (Enrollment forms).

Refer to the following table for a brief description of each form:

AARP Medicare Supplement Agent Change Request Forms			
AARP Medicare Supplement General Information Change (Form 1)	AARP Medicare Supplement Insured Information Change (Form 2)	AARP Medicare Supplement Back Termination and Refund Request (Form 3)	AARP Medicare Supplement Pending Applications and Plan Changes (Form 4)
<p>This change request form itself does not require the signature of an insured member for a change request to be made on their behalf. However, some of the following change requests require documentation and the insured member's signature.</p> <ul style="list-style-type: none"> • Terminations - Voluntary and Death • Date of Birth Updates • Medicare Information Changes • Change of Smoker Rate • EFT Additions or Changes • Update information that was submitted correctly on the application but is not displaying correctly. 	<p>With this change request form, the following can be requested with the insured member's signature:</p> <ul style="list-style-type: none"> • AARP Membership Update • Separation of Accounts • Combination of Accounts • Effective Date Change • Phone Number Change • Address Change • Gender Change 	<p>With this change request form, the following can be requested with the insured member's signature:</p> <ul style="list-style-type: none"> • Back-dated Termination and Refund of Premium related to overlapping MA or MAPD coverage <p>Note: Not to be used for other group or Medicare Supplement coverage</p>	<p>This change request form will allow agents to request:</p> <ul style="list-style-type: none"> • Plan Changes (Not all plan changes are able to use this form.)* <p>For PENDING Applications Only:</p> <ul style="list-style-type: none"> • Gender Indication • Tobacco Usage Statement* • Missing Application Pages • Legal Forms • Part A/B Effective Dates • AARP Membership Number • Phone Number • Updated Effective Date • Date of Birth (DOB) • Request to Withdraw Pending Application • GI Documentation • Completed Health Questions <p>* Requires Insured Member's Signature</p>

Agent Communications

Email is the Primary Communication Method

Confirming your email address is valid and ensuring that you are receiving emails from UnitedHealthcare is crucial. You won't want to miss out on pertinent information such as product updates, commissions, incentives, and more.

Add the UnitedHealthcare Sales email address to your address book: uhc_med_sup_no_reply@uhc-info.com

Account Information on Jarvis

Please double check the accuracy of your name, email address, mailing address and phone number under account information on www.uhcJarvis.com. If changes need to be made, correct them by clicking the Edit Personal Info button and saving your changes.

Remember, UnitedHealthcare occasionally sends information through the mail and may need to contact you via phone, so it is vital your name, mailing address and phone number are also up to date.

Agents Not Receiving Email

If you are not receiving our emails (provided the email address is correct), it most likely has to do with your domain. Many domains identify our emails as spam, and therefore do not allow them to go through.

If you are not receiving our emails, add our email (uhc_med_sup_no_reply@uhc-info.com) to your address book.

If you are still having issues, you might be a global unsubscriber. This means you will need to email Exact Target directly at ABUSE@exacttarget.com from the account in question and let Exact Target know you want to be removed from the Exacttarget/Salesforce Marketing Cloud Global Unsub list.

The JarvisWrap

The JarvisWrap is a weekly newsletter featuring articles from all UnitedHealthcare Medicare & Retirement Products: Med Supp, MA, PDP, Community & State and DSnp. It is the best way to stay informed with all news UHC.

JarvisWrap is sent on Fridays from the email address unitedhealthcare_medicareretirement_sales@uhc.com.

Communications featured in each JarvisWrap edition will also be posted on Jarvis under Agent Communications.

Agents can also sign up to receive text alerts from UnitedHealthcare by clicking the sign up link at the bottom of each JarvisWrap article to get started.

Agent Customer Service

Producer Help Desk

Jarvis is available 24 hours a day, seven days a week, providing you access to Enrollment applications and commission status, plan information, marketing materials, and much more. If you are unable to locate what you need on Jarvis and need assistance with a pending enrollment application, or have a commission inquiry, the **Producer Help Desk (PHD)** is available.

Phone: 1-888-381-8581

Monday through Friday
8:00 a.m.-10:00 p.m. EST

Be prepared to enter your agent ID.

All agent calls should be routed through the PHD.

E-mail: phd@uhc.com (include your Agent ID in the subject line)

You may e-mail the PHD for any non-member issue, such as commissions, certifications, etc. Insured member-specific e-mail inquiries or documents must be sent via secure e-mail to the PHD.

Please include your full name, agent ID, contact information and a brief description of your issue.

General Inquiries Made on Behalf of an Existing Insured Member

For insured member issues, you should call the above PHD phone number and follow the telephone prompts based on the issue. Please do not call the Member Customer Service phone number directly.

E-mail inquiries must be sent via secure e-mail to phd@uhc.com. All of the following information must be available when you call or include within your e-mail:

- Your full name
- Your Agent ID
- Insured member's full name
- Insured member's AARP membership number*
- Insured member's date of birth.

*If AARP membership number is not available, you must provide the insured member's full address, including zip code.

Please note: The PHD cannot provide premium rate quotes; however, they can assist you in using the Rate Pages. Agents are also encouraged to use the plan search tool within Jarvis and the rate quote tool in LEAN.

Agent On-boarding (contracting, appointment, licensing)
e-mail address: UHPCred@uhc.com

New! Agent Servicing Program

UnitedHealthcare has implemented a new Agent Servicing program that expands the level of service support that was available to Authorized to Offer AARP Medicare Supplement Insurance Plan agents.

Expanded phone support services will allow an agent to act on behalf of the member (when directed by the member) in the following situations without the member on the line:

- Making an address change
- Ordering replacement ID cards and fulfillment materials to be mailed to the member

- Receiving information on claims (must have the provider name and date of service at a minimum):
 - Claim paid date and amount paid
 - Status of paid, denied, pending and the reason
 - Denial reason in this instance only: “was not covered because Medicare did not cover it”
- Obtaining information related to billing:
 - Premium payment due date, date payment is received, payment method, timing of Electronic Funds Transfer withdrawals, payment method start and change date
 - Paid through date and the amount due to make the account current
 - Rate change information related to enrollment discount wear-off, end of rate guarantee, move to a new state and annual billing
 - Tier rate (level one or level two)
 - Confirm if tobacco rate or non-tobacco rate was applied

Agents requesting these services should call the Producer Help Desk at **1-888-381-8581** and select the prompts for Member Services as follows:

- Select option 5 or say “Existing Member”
- Choose 2 for Other Plans
- Select 2 again for AARP Medicare Supplement Insurance Plans

Agents must be the agent of record for the member they are inquiring about, and should have member identifying information available on the call. Agents must provide:

- Agent name and writing number
- Member's first and last name
- Provide two other forms of information for the member:
 - AARP Membership ID Number
 - Full date of birth
 - Complete address
 - Last 4 digits of the Medicare Beneficiary Identifier Number

Member Customer Service

Insured members can call the Automated Customer Express Line: **1-800-444-6544** (24 hours a day) for:

- payment and billing information;
- claim information, like claim status and claim filing instructions;
- ordering replacement items, such as AARP Medicare supplement ID card, payment and claim envelopes, Electronic Funds Transfer forms.

For Service-related questions, insured members may call **1-800-523-5800**.

Insured members may speak to a Customer Service Representative weekdays from 7:00 a.m. to 11:00 p.m. and Saturday 9:00 a.m. to 5:00 p.m. Eastern Time.

For Claim-related questions, insured members may call **1-800-523-5880**.

Please note, agents should not contact member customer service directly. Special agent-trained member service agents are available by following the member services prompts through the PHD telephone number.

For more information regarding plans and services, insured members can access the member portal at Myaarpmedicare.com (24 hours a day).

Reference Guide

Agent Contact Information

Agent Tools/ Marketing Information	Pre-Enrollment/Enrollment
<p>Producer Help Desk Phone Number: 1-888-381-8581 Hours: Monday - Friday, 8am to 10pm EST Email: phd@uhc.com</p> <p>Jarvis Web: www.uhcjarvis.com</p> <p>Compliance Email: compliance_questions@uhc.com <i>For questions or to report a non-compliant activity.</i></p> <p>AARP Membership Web: MyAARPConnection.com</p> <p>Provider Lookup Web: www.AARPMedicarePlans.com</p> <p>Formulary Lookup Web: www.AARPMedicarePlans.com</p> <p>Multi-Language Interpreter Services Phone Number: 1-800-555-5757</p>	<p>Product Information Web: www.AARPMedicarePlans.com</p> <p>UnitedHealthcare New Application Enrollment Fax Number: 1-888-836-3985</p> <p>Medicare Phone Number: 1-800-MEDICARE (633-4227) Hours: 7 days a week, 24 hours a day Web: www.Medicare.gov</p> <p>Social Security Phone Number: 1-800-772-1213 Hours: Monday - Friday 7am to 7pm EST Web: www.SSA.gov</p>

Member Contact Information

Customer Service/Claim/Membership	Medicare Prescription Drug Plans
<p>Customer Service Phone Number: 1-800-523-5800 or 1-800-523-5880 Web: www.MyAARPMedicare.com</p> <p>Automated Customer Express Line Phone Number: 1-800-444-6544</p> <p>My Advocate Web: www.myadvocatehelps.com</p> <p>AARP Membership Phone Number: 1-866-331-1964</p> <p>General Insured Member Information Web: www.Beginsat50.com</p>	<p>AARP® MedicareRx Walgreens (PDP) Phone Number: 1-866-870-3470</p> <p>AARP® MedicareRx Preferred (PDP) Phone Number: 1-866-255-4835</p> <p>AARP® MedicareRx Saver Plus (PDP) Phone Number: 1-866-460-8854</p>
	Member Benefit Contacts
	<p>Services and Value-adds Phone Number: 1-888-887-5963</p>

Appendix I

Completing the Application: Medical Terms and Conditions Glossary

- This glossary has brief descriptions for terms and medical conditions that may be helpful for the applicant in completing the application for AARP Medicare Supplement Plans, insured by UnitedHealthcare Insurance Company. It also includes other names that may be used for some medical conditions.
- Medical terms and conditions are listed alphabetically - not in the order that they appear on the application.
- The applicant is responsible for making sure that all answers to application questions are accurate and completed in full.
- This glossary is provided for INFORMATIONAL PURPOSES ONLY. The applicant should consult his or her physician if they need help answering medical questions on the application form.

Terms found on the application	What those terms generally mean
Advice	<p>A medical professional’s opinion regarding what an individual should do to maintain or improve their health.</p> <p>Examples of advice may include but are not limited to:</p> <ul style="list-style-type: none"> • giving a diagnosis • prescribing medication • ordering tests, lab work, surgery or follow-up visits, or • providing referrals to other medical providers
Artery or Vein Blockage	<p>A blockage of a vein or artery that restricts blood flow. It may be caused by a build-up of plaque, fat, cholesterol or other substances or by an embolism or blood clot.</p> <p>It may be treated with medication or surgery, including but not limited to artery or vein bypass, stent or angioplasty.</p>
Atrial Fibrillation or Atrial Flutter	<p>A heart rhythm disorder that causes the upper chambers of the heart (atria) to beat in an abnormal or disorganized way (often rapid and irregular). <i>Also known as A-Fib.</i></p>
Cancer	<p>A malignant growth or malignant tumor caused when cells multiply uncontrollably. <i>Some types of cancer include carcinoma, lymphoma, leukemia, melanoma, myeloma, malignant neoplasm, or sarcoma.</i></p>
Cardiomyopathy	<p>A weakening of the heart muscle for any reason.</p>
Chronic Kidney Disease	<p>A chronic loss of the ability of the kidneys to remove waste from the blood. <i>Also known as Chronic Renal Failure or Chronic Renal Insufficiency.</i></p>

Terms found on the application	What those terms generally mean
Chronic Obstructive Pulmonary Disease (COPD)	A lung disease including emphysema and chronic obstructive bronchitis that makes it difficult to breathe or catch your breath. <i>Also known as COPD, chronic obstructive lung disease (COLD) or chronic obstructive airway disease (COAD).</i>
Circulation problems	A decreased blood flow or poor circulation to organs and/or arms, hands, legs or feet. Examples of conditions associated with circulation problems include but are not limited to: aneurysm, artery or vein blockage, blood clots, coronary artery disease, heart attack, peripheral vascular disease, stroke and transient ischemic attack.
Cirrhosis of the Liver	Loss of liver function due to chronic inflammation and scarring.
Congestive Heart Failure (CHF)	Weakness of the heart muscle, causing decreased blood flow and a build-up of fluid in the lungs and body tissues. <i>Also known as congestive heart disease, left heart failure, right heart failure or enlarged heart.</i>
Coronary Artery Disease (CAD)	A chronic disease of the blood vessels that supply blood and oxygen to the heart. It may cause narrowing or blockage of arteries or veins and other complications. Once diagnosed, medications may be prescribed for ongoing management of the condition to help the heart work more efficiently and receive more oxygen-rich blood. Some procedures used to treat coronary artery disease include but are not limited to: balloon angioplasty, stent placement, and coronary artery bypass surgery. These procedures and medications increase blood supply to the heart, but they do not cure coronary artery disease. <i>Also known as coronary heart disease.</i>
Diabetes	The body does not regulate blood sugar levels properly.
Diagnose	A medical professional determines that you have a medical condition.
Dialysis	A process of cleansing your blood by passing it through a machine (hemodialysis), or putting special fluid into the abdominal cavity and draining it out (peritoneal dialysis). This is necessary when the kidneys are not able to filter blood.
Emphysema	A lung disease usually caused by smoking or exposure to harmful chemicals. <i>See also Chronic Obstructive Pulmonary Disease (COPD).</i>

Terms found on the application	What those terms generally mean
End-Stage Renal (Kidney) Disease	A complete or almost complete failure of the kidneys to function requiring dialysis or a kidney transplant to live.
Heart Attack	Occurs when the blood supply to part of the heart is interrupted causing damage to the heart muscle. <i>Also known as myocardial infarction (MI).</i>
Leukemia	A blood or bone marrow cancer causing abnormal blood cell production (usually white blood cells). <i>Also known as AML, ALL, CML or CLL.</i>
Lymphoma	An immune system cancer that often starts in the lymph nodes as a malignant tumor. <i>Also known as non-Hodgkin’s lymphoma (NHL) or Hodgkin’s (HL).</i>
Macular Degeneration	<p>An eye disorder affecting the macula, which is part of the retina responsible for central vision. <i>Also known as AMD or ARMD.</i></p> <p>In the “wet” type of macular degeneration, abnormal blood vessels grow under the retina and macula. These new blood vessels may then bleed and leak fluid, causing the macula to bulge or lift up from its normally flat position, thus distorting or destroying central vision.</p>
Melanoma	A malignant growth or malignant tumor caused by uncontrolled growth of pigment cells, usually originating in the skin or eye(s).
Multiple Sclerosis (MS)	A disease affecting the brain and spinal cord, sometimes progressing to physical and mental disability. <i>Also known as MS.</i>
Peripheral Vascular Disease (PVD)	Includes all conditions involving poor blood flow or poor circulation to the arms, hands, legs or feet. <i>Includes peripheral artery disease (PAD).</i>
Retinopathy	Damage to the retina of the eye. <i>Also known as wet retina or macular edema.</i>
Rheumatoid Arthritis	A disorder in which the immune system attacks the body’s joints and/or organs. <i>Also known as RA.</i>
Stroke, Transient Ischemic Attack (TIA), or mini-stroke	Loss of blood flow to an area of the brain, which may result in the sudden onset of permanent (stroke) or temporary (TIA) symptoms. <i>Also known as cerebrovascular accident (CVA).</i>
Systemic Lupus Erythematosus (SLE)	A disorder in which the immune system attacks the body’s tissues and/or organs, causing inflammation and damage. <i>Also known as SLE.</i>
Treat	<p>A medical professional:</p> <ul style="list-style-type: none"> • provides medical care or advice • orders tests • prescribes medication, or • determines that you need surgery or therapy

Appendix II

Appendix II: Completing the Application - Listed Medical Conditions and Related Prescription Drugs

This list of prescription medications applies to applicants who reside in Alabama, Alaska, Arizona, Arkansas, Colorado, Delaware, District of Columbia, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Michigan, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, West Virginia, Wisconsin, and Wyoming.

The enrollment applications for the AARP Medicare Supplement Plans offered by UnitedHealthcare include questions about medical conditions and treatments that are used to determine an applicant's eligibility to enroll and their rate level.

Prescription drugs **may** indicate the presence of a medical condition listed on the application, and if the applicant is currently taking, or has taken any of these medications within the past two years for any of the medical conditions noted below, it is very likely that the applicant would need to pay the Level 2 rate, assuming they do not have any of the listed medical situations that would make them ineligible for coverage.

An applicant **may** raise questions about their prescription drugs in relation to the medical questions on the application. In these instances, the list of prescription medications may be helpful to you and the applicant in understanding medications that are often used to treat medical conditions to which underwriting applies as listed on the AARP Medicare Supplement enrollment applications. That said, the list is informational only and is:

- **NOT** intended to be used as a tool to determine the applicant's eligibility or rate for coverage or to replace submission of an application; or
- **NOT** comprehensive - an applicant may have a deniable or ratable medical condition even if they have never used any of the drugs on the list and conversely, an applicant may not have a deniable or ratable medical condition even if they have used one or more drugs on the list.

The applicant should consult their health care provider if they need help answering the medical questions on the application or if he or she is unsure about the condition(s) for which they are taking a medication or medications and be aware that they are responsible for making sure all answers to the application questions are accurate and completed in full. See also the Underwriting Section of this Guide and the enrollment application for more information.

Partial Prescription Drug List

Drug Name	Medical Condition
Abatacept	Rheumatoid arthritis
Abiraterone Acetate	Cancer
Acclidinium Bromide Aerosol	Chronic obstructive pulmonary disease, emphysema
Actemra	Rheumatoid arthritis
Adalimumab	Rheumatoid arthritis

Drug Name	Medical Condition
Afinitor	Cancer
Aflibercept	Wet Macular degeneration
Aggrenox	Artery or vein blockage, coronary artery disease, peripheral artery disease, heart attack, stroke, mini-stroke, TIA
Aldactone	Congestive heart failure, chronic kidney disease, cirrhosis of the liver
Alemtuzumab	Multiple Sclerosis
Amiloride	Congestive heart failure
Amiodarone	Atrial fibrillation or flutter
Ampyra	Multiple Sclerosis
Anakinra	Rheumatoid arthritis
Anoro Ellipta	Chronic obstructive pulmonary disease, emphysema
Apixaban	Artery or vein blockage, coronary artery disease, peripheral artery disease, atrial fibrillation or flutter
Aprepitant	Cancer
Aranesp	End-stage renal disease
Arava	Rheumatoid arthritis
Arixtra	Artery or vein blockage
Aromasin	Cancer
Aspirin-Dipyridamole	Artery or vein blockage, coronary artery disease, peripheral artery disease, heart attack, stroke, mini-stroke, TIA, atrial fibrillation or flutter
Aubagio	Multiple Sclerosis
Avastin	Wet Macular degeneration
Avonex	Multiple Sclerosis
Baricitinib	Rheumatoid arthritis
Belimumab	Systemic lupus erythematosus
Benlysta	Systemic lupus erythematosus
Betapace	Coronary disease, cardiomyopathy, congestive heart failure, atrial fibrillation or flutter
Betaseron	Multiple Sclerosis
Bevacizumab	Wet Macular degeneration
Bicalutamide	Cancer
Bortezomib	Cancer, lymphoma

Drug Name	Medical Condition
Brilinta	Artery or vein blockage, coronary artery disease, peripheral artery disease, heart attack, stroke, mini-stroke, TIA
Bumetanide	Congestive heart failure, chronic kidney disease
Bumex	Congestive heart failure, chronic kidney disease
Calcitriol	Chronic kidney disease
Calcium Acetate	End-stage renal disease
Capecitabine	Cancer
Casodex	Cancer
Certolizumab	Rheumatoid arthritis
Chloroquine	Systemic lupus erythematosus
Cilostazol	Artery or vein blockage, peripheral vascular disease
Cimzia	Rheumatoid arthritis
Cinacalcet	End-stage renal disease
Clopidogrel	Artery or vein blockage, coronary artery disease, peripheral artery disease, heart attack, stroke, mini-stroke, TIA
Copaxone	Multiple Sclerosis
Cordarone	Atrial fibrillation or flutter
Coumadin	Artery or vein blockage, coronary artery disease, peripheral artery disease, heart attack, stroke, mini-stroke, TIA, atrial fibrillation or flutter
Cyclophosphamide	Cancer, leukemia, lymphoma
Cytoxen	Cancer, leukemia, lymphoma
Dabigatran Etxilate Mesylate	Artery or vein blockage, atrial fibrillation or flutter
Dalfampridine	Multiple Sclerosis
Dalteparin	Artery or vein blockage
Darbepoetin Alfa	End-stage renal disease
Demadex	Congestive heart failure, chronic kidney disease
Digitek	Congestive heart failure, atrial fibrillation or flutter
Digoxin	Congestive heart failure, atrial fibrillation or flutter
Diltiazem	Atrial fibrillation or flutter
Dimethyl fumarate	Multiple Sclerosis
Dipyridamole	Artery or vein blockage, coronary artery disease, atrial fibrillation or flutter
Dofetilide	Atrial fibrillation or flutter

Drug Name	Medical Condition
Doxercalciferol	End-stage renal disease
Dronedaron	Atrial fibrillation or flutter
Edoxaban Tosylate	Artery or vein blockage, coronary artery disease, peripheral artery disease, heart attack, stroke, mini-stroke, TIA, atrial fibrillation or flutter
Effient	Artery or vein blockage, coronary artery disease, peripheral artery disease, heart attack, stroke, mini-stroke, TIA
Eliquis	Artery or vein blockage, coronary artery disease, peripheral artery disease, heart attack, stroke, mini-stroke, TIA, atrial fibrillation or flutter
Emend	Cancer
Enbrel	Rheumatoid arthritis
Enoxaparin	Artery or vein blockage
Entresto	Congestive heart failure
Enulose	Cirrhosis of the liver
Enzalutamide	Cancer
Epoetin Alfa	End-stage renal disease
Erlotinib	Cancer
Etanercept	Rheumatoid arthritis
Eulexin	Cancer
Everolimus	Cancer
Evomela	Cancer
Exemestane	Cancer
Extavia	Multiple Sclerosis
Eylea	Wet Macular degeneration
Fingolimod	Multiple Sclerosis
Flecainide	Atrial fibrillation or flutter
Flutamide	Cancer
Fluticasone-Umeclidinium-Vilanterol	Chronic obstructive pulmonary disease, emphysema
Fondaparinux Sodium	Artery or vein blockage
Fragim	Artery or vein blockage
Furosemide	Congestive heart failure, chronic kidney disease
Generlac	Cirrhosis of the liver

Drug Name	Medical Condition
Gilenya	Multiple Sclerosis
Glatiramer	Multiple Sclerosis
Gleevac	Leukemia
Golimumab	Rheumatoid arthritis
Hectorol	End-stage renal disease
Heparin	Artery or vein blockage
Humira	Rheumatoid arthritis
Hydrea	Cancer, leukemia
Hydroxychloroquine	Rheumatoid arthritis, systemic lupus erythematosus
Hydroxyurea	Cancer, leukemia
Ibrance	Cancer
Imatinib	Leukemia
Incruse Ellipta	Chronic obstructive pulmonary disease, emphysema
Infliximab	Rheumatoid arthritis
Interferon beta 1a	Multiple Sclerosis
Interferon beta 1b	Multiple Sclerosis
Isordil	Artery or vein blockage, coronary artery disease, heart attack
Isosorbide	Artery or vein blockage, coronary artery disease, heart attack
Ivabradine	Congestive heart failure
Jantoven	Artery or vein blockage, coronary artery disease, peripheral artery disease, heart attack, stroke, mini-stroke, TIA, atrial fibrillation or flutter
Kevzara	Rheumatoid arthritis
Kineret	Rheumatoid arthritis
Kionex	End-stage renal disease
Lasix	Congestive heart failure, chronic kidney disease
Leflunomide	Rheumatoid arthritis
Lemtrada	Multiple Sclerosis
Lenalidomide	Cancer
Lucentis	Wet Macular degeneration
Macugen	Wet Macular degeneration
Mayzent	Multiple Sclerosis

Drug Name	Medical Condition
Melphalan	Cancer
Mercaptopurine	Cancer, leukemia
Methotrexate	Rheumatoid arthritis
Metolazone	Chronic kidney disease
Minitran	Coronary artery disease, heart attack
Multaq	Atrial fibrillation or flutter
Natalizumab	Multiple Sclerosis
Nephro Caps	End-stage renal disease
Nexavar	Cancer
Nitro-Dur, Nitro-Stat	Artery or vein blockage, coronary artery disease, heart attack
Nitroglycerin	Artery or vein blockage, coronary artery disease, heart attack
Ocrelizumab	Multiple Sclerosis
Ocrevus	Multiple Sclerosis
Olumiant	Rheumatoid arthritis
Orencia	Rheumatoid arthritis
Palbociclib	Cancer
Paricalcitol	End-stage renal disease
Pegaptanib	Wet Macular degeneration
Peginterferon beta 1a	Multiple Sclerosis
Pentoxifylline	Artery or vein blockage, peripheral vascular disease
Persantine	Artery or vein blockage, coronary artery disease, peripheral artery disease, heart attack, stroke, mini-stroke, TIA
Plaquenil	Rheumatoid arthritis, systemic lupus erythematosus
Plavix	Artery or vein blockage, coronary artery disease, peripheral artery disease, heart attack, stroke, mini-stroke, TIA
Plegridy	Multiple Sclerosis
Pletal	Artery or vein blockage, peripheral vascular disease
Pomalidomide	Cancer
Pomalyst	Cancer
Pradaxa	Artery or vein blockage, atrial fibrillation or flutter
Prasugrel	Artery or vein blockage, coronary artery disease, peripheral artery disease, heart attack, stroke, mini-stroke, TIA

Drug Name	Medical Condition
Procrit	End-stage renal disease
Propafenone	Atrial fibrillation or flutter
Quinidine	Atrial fibrillation or flutter
Ranexa	Artery or vein blockage, coronary artery disease, heart attack
Ranibizumab	Wet Macular degeneration
Ranolazine	Artery or vein blockage, coronary artery disease, heart attack
Rebif	Multiple Sclerosis
Remicade	Rheumatoid arthritis
Renvela	End-stage renal disease
Revlimid	Cancer
Rivaroxaban	Artery or vein blockage, atrial fibrillation or flutter
Rythmol	Atrial fibrillation or flutter
Sacubitril-Valsartan	Congestive heart failure
Sarilumab	Rheumatoid arthritis
Savaysa	Artery or vein blockage, coronary artery disease, peripheral artery disease, heart attack, stroke, mini-stroke, TIA, atrial fibrillation or flutter
Sensipar	End-stage renal disease
Sevelamer	End-stage renal disease
Simponi	Rheumatoid arthritis
Siponimod	Multiple Sclerosis
Sorafenib	Cancer
Sorin	Congestive heart failure, cardiomyopathy, atrial fibrillation or flutter
Sotalol	Congestive heart failure, cardiomyopathy, atrial fibrillation or flutter
Spironolactone	Congestive heart failure, Cardiomyopathy
SPS 15 Suspension	End-stage renal disease
Sunitinib	Cancer
Sutent	Cancer
Tarceva	Cancer
Tecfidera	Multiple Sclerosis
Temodar	Cancer
Temozolomide	Cancer

Drug Name	Medical Condition
Teriflunomide	Multiple Sclerosis
Ticagrelor Tab	Artery or vein blockage, coronary artery disease, peripheral artery disease, heart attack, stroke, mini-stroke, TIA
Ticlid	Artery or vein blockage, coronary artery disease, peripheral artery disease, heart attack, stroke, mini-stroke, TIA
Ticlopidine	Artery or vein blockage, coronary artery disease, peripheral artery disease, heart attack, stroke, mini-stroke, TIA
Tikosyn	Atrial fibrillation or flutter
Tiotropium Br-Olodaterol Inhal Aero Soln	Chronic obstructive pulmonary disease, emphysema
Tocilizumab	Rheumatoid arthritis
Tofacitinib	Rheumatoid arthritis
Tolmetin	Rheumatoid arthritis
Torsemide	Congestive heart failure, cardiomyopathy, chronic kidney disease
Trelegy	Chronic obstructive pulmonary disease, emphysema
Tudorza	Chronic obstructive pulmonary disease, emphysema
Tysabri	Multiple Sclerosis
Umeclidinium Br Aero Powd Breath Act	Chronic obstructive pulmonary disease, emphysema
Umeclidinium-Vilanterol Aero Powd	Chronic obstructive pulmonary disease, emphysema
Velcade	Cancer, lymphoma
Warfarin	Artery or vein blockage, coronary artery disease, peripheral artery disease, heart attack, stroke, mini-stroke, TIA, atrial fibrillation or flutter
Xarelto	Artery or vein blockage, atrial fibrillation or flutter
Xeljanz	Rheumatoid arthritis
Xeloda	Cancer
Xtandi	Cancer
Zaroxolyn	Chronic kidney disease
Zemplar	End-stage renal disease
Zytiga	Cancer



We're here to help.

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