

2021 Wisconsin

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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This information applies for plan effective dates of January 1, 2021 - December 1, 2021.

Wisconsin

Introduction

Congratulations on completing your 2021 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 4.5 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 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 is mobile friendly and 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 > Learning Lab > 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. You can also refer to the Sales and Marketing Materials section of this handbook for more information.

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 37.

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 47 of this Handbook. For more information and details regarding insured member servicing, refer to that section of this handbook.

Note: The enrollment tab is also where the Agent Producer Handbooks can be found within Jarvis.

Application Status



Application Status gives you a view of the current status of your applications that have been submitted. In addition, if an application is in pending status, you 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 also access the Agent Guide within this section as well. 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, located in

the Learning Lab. The Learning Lab is new, and is located under the Training and Certifications section. Items such as certifications, training and guides are located in the Learning Lab. 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, drug lists, 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) - 7 days a week, 24 hours a day.
- 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>

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
- Blood: First three pints of blood each year
- Hospice: Part A coinsurance and respite care expenses (including applicable prescription copayments)

Benefits	Basic Plan	Basic Plan w/Co-Pay	Rider 1	Rider 2	Rider 3 ¹	Rider 4
Part A (Hospitalization) Co-insurance	✓	✓	-	-	-	-
Part B (Medical) Co-insurance or Co-payments	✓	Co-pay ²	-	-	-	-
Blood: First 3 pints each year (Medicare pays costs after 3 pints)	✓	✓	-	-	-	-
Hospice Care Co-insurance	✓	✓	-	-	-	-
Skilled Nursing Facility Care Co-insurance	✓	✓	-	-	-	-
State Mandated Benefits	✓	✓	-	-	-	-
Inpatient Mental Health Coverage	175 days per lifetime ³	175 days per lifetime ³	-	-	-	-
Home Health Care	40 visits ³	40 visits ³	-	-	-	365 visits ⁴
Colorectal Cancer Screening	Usual and prevailing charge	Usual and prevailing charge	-	-	-	-
Part A Deductible	-	-	✓	50%	-	-
Part B Annual Deductible	-	-	-	-	✓	-
Part B Excess Charges	-	-	✓	✓	-	-
Foreign Travel Emergency Care	-	-	✓	✓	-	-

¹ Rider 3 is only available with the Basic Plan and only available to applicants with a 65th birthday prior to 1/1/2020 or with a Medicare Part A effective date prior to 1/1/2020.

² 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).

³ In addition to Medicare's benefit.

⁴ Less Medicare's benefit

AARP Medicare Supplement Insurance Plan

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 4.5 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 Wisconsin: Basic Plan, Basic Plan with Co-Pay, and Riders²
- Annual rate increases have been 2.8 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
- Insured members will have access to insured member discounts and services

- 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.

Gym Membership, Discounts and More

Once a member is enrolled in an AARP[®] Medicare Supplement Plan, they will have access to insured member discounts and services available at no additional cost to them. The offerings include gym memberships,* discounts and more.

**Availability of fitness program may vary by area. Fitness program network only includes participating facilities and locations.*

¹ From a report prepared for UnitedHealthcare Insurance Company by Mark Farrah Associates, "Medigap Enrollment & Market Share," April 2020, 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 AARP Medicare Supplement Plan annual base rate increases have been 2.8% on average between 2014 and 2018, while varying by specific plan, state and year. From a report prepared for UnitedHealthcare Insurance Company by Gongos, Inc., "Substantiation of Advertising Claims Concerning AARP Medicare Supplement Insurance Plans," August 2020, www.uhcmedsupstats.com or call 1-800-272-2146 to request a copy of the full report.

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 1-800-272-2146 to request a copy of the full report.

Help Your Members Live Healthier Lives (continued)

These are additional insured member services apart from the AARP Medicare Supplement Plan benefits, are not insurance programs, are subject to geographical availability and may be discontinued at any time.

Note that certain services are provided by Affiliates of UnitedHealthcare Insurance Company or other third parties not affiliated with UnitedHealthcare.

Gym Membership:



Renew Active™ by UnitedHealthcare:

- A gym membership at no additional cost
- Access to an extensive network of gyms and fitness locations near your clients
- A personalized fitness plan
- Access to a wide variety of fitness classes
- Connecting with others at local health and wellness events, and through the Fitbit® Community for Renew Active members

Participation in the Renew Active™ program is voluntary. Renew Active includes standard fitness membership. Equipment, classes, personalized fitness plans, caregiver access and events may vary by location. Your clients should consult their doctor prior to beginning an exercise program or making changes to their lifestyle or health care routine. Certain services, classes and events are provided by affiliates of UnitedHealthcare Insurance Company or other third parties not affiliated with UnitedHealthcare. UnitedHealthcare is not responsible for the services or information provided by third parties. The information provided through these services is for informational purposes only and is not a substitute for the advice of a doctor. Participation in the Fitbit® Community for Renew Active is subject to your client's acceptance of their respective terms and policies. The Renew Active program varies by plan/area. Access to gym and fitness location network may vary by location and plan. Renew Active premium gym and fitness location network only available with certain plans. The Renew Active premium

network of gyms and fitness locations is not available to AARP Medicare Supplement Plan holders.

AARP® Staying Sharp:



AARP® Staying Sharp® is an online brain health program with exclusive content for members. It includes content and tools about brain health that fit into your client's everyday life - such as activities, recipes, interesting articles and videos, fun games and more. Plus, there's a brain health assessment with personalized recommendations.

Staying Sharp now includes two new guides designed to help your clients during these challenging times, The Brain Health Staycation and Find Your Calm. These guides include ideas on finding balance and inner tranquility with exercise, meditation, yoga and other activities while your clients are at home.

Access to this service is subject to your client's acceptance of Staying Sharp's Terms of Use and AARP's Privacy Policy. Existing Users who have already accepted AARP's Terms of Use and Privacy Policy will not be required to create a new AARP Online Account, but should refer to the additional Terms of Use regarding AARP Staying Sharp. AARP Staying Sharp is the registered trademark of AARP.

Participation in the brain health assessment is voluntary. Your client's health assessment responses will be kept confidential in accordance with applicable law and will only be used to provide health and wellness recommendations within the AARP Staying Sharp program.

Dental Discount:



A dental discount program from Dentegra, including:

- In-network discounts generally average 30-40%* off of contracted rates nationally for a range of dental services, including cleanings, exams, fillings and crowns
- Access to 30K in-network general dentists and specialists at 90K locations nationwide
- No waiting periods, deductibles, or annual maximums

The Dentegra dental discount is not insurance.

*Dentegra Fee Schedules vs. Fair Health Mean Data

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

AARP® 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 12/31/2021. Code 755453.

Your clients can call 1-800-872-2295 to learn more about the program, and participating providers.

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.

Help Your Members Live Healthier Lives (continued)

Your clients can visit www.aarphearingcare.com/uhc-members or call 1-855-355-9063 to learn more about the program, and participating 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, 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.

Driver Safety:



Your clients can refresh their driving skills with the **AARP Smart Driver™** course. The course helps participants brush up on rules of the road and reduce driver distractions.

The course is available online or in-person, and is offered at no additional cost to AARP Medicare Supplement Plan holders.* When your clients take the AARP Smart Driver™ course, they could be eligible for a discount on their auto insurance.**

These offers are only available to insured members covered under an AARP Medicare Supplement Plan from UnitedHealthcare. These are additional insured member services apart from the AARP Medicare Supplement Plan benefits, are not insurance programs, are subject to geographical availability and may be discontinued at any time. None of these services should be used for emergency or urgent care needs. In an emergency, your clients should call 911 or go to the nearest emergency room. Note that certain services are provided by Affiliates of UnitedHealthcare Insurance Company or other third parties not affiliated with UnitedHealthcare.

*Some facilities charge an administrative fee. When your clients are registering, they should check local course listings for administrative fee information.

**Upon completion, your clients may be eligible to receive an auto insurance discount. Other restrictions may apply.

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

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 45.

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
- 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.

* 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.

- 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.**
- 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, including AARP MedicareRx Walgreens, from UnitedHealthcare, 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/>.

The AARP® MedicareRx Walgreens Plan from UnitedHealthcare offers more coverage for prescriptions. As a preferred pharmacy, Walgreens offers lower costs with filling your clients' prescriptions. UnitedHealthcare and Walgreens work together to offer your clients their lowest prescription drug copays.

Additional Selling Opportunity (continued)

Co-marketing materials promoting AARP Medicare Supplement and AARP MedicareRx Plans are available on the UnitedHealthcare 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, including AARP MedicareRx Walgreens, 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 – Wisconsin

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 AARP members or live in the same household as someone with whom they share an AARP membership number
- Be age 50 or older

Medical Underwriting

Applicants who do not qualify for Open Enrollment or Guaranteed Issue* (see pages 14 - 19) 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:

- 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 14 - 19**) 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 – Wisconsin

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. (If their initial enrollment in Part B is before age 65, they have a second six-month Open Enrollment period beginning the month they turn 65.) 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 51 of this handbook for more details.

Example 1: 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.

Example 2: Bob’s 60th Birthday is June 15th. He has been notified by Social Security that Medicare Part B will start on June 1. Bob is in his Open Enrollment period from June 1 through November 30. Bob’s application can be submitted during the three months prior to June 1 or any time between June 1 and November 30. Bob will have a second Open Enrollment period from June 1 through November 30 the year he turns 65.

Open Enrollment – Other Information

Plan Availability*	Basic Plan, Basic Plan with Co-Pay, and Riders
Pre-Existing Conditions Exclusion	None
Underwriting	None

*Plan availability may vary. Please refer to the Plan Availability charts located on page 20 of this handbook.

Guaranteed Issue - Wisconsin

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			
WI Guaranteed Issue Situations:	For Applicants Age 50-64 who are eligible for Medicare by reason of disability or End-Stage Renal Disease with:		Documentation Must Include:
	• A Medicare Part A Effective Date <u>PRIOR</u> to 1/1/2020.	• A Medicare Part A Effective Date on or <u>AFTER</u> 1/1/2020.	
	For Applicants Age 65 and over with:		
	• A 65th birthday <u>PRIOR</u> to 1/1/2020. OR • A Medicare Part A Effective Date <u>PRIOR</u> to 1/1/2020.	• A 65th birthday <u>AND</u> Medicare Part A Effective Date on or <u>AFTER</u> 1/1/2020.	
1. Applicant loses, learns they have lost, or drops some or all employer coverage, or their premium payments for employer coverage increase more than 25% from the previous year and the new premium is more than the premium for the Medicare supplement coverage.	Any Plan or Plan/Rider(s) combo	Any Plan or Plan/Rider(s) combo EXCEPT the Part B Annual Deductible Rider 3 (QW).	<ul style="list-style-type: none"> • Applicant’s name. • Plan Type – confirmation that it’s employer coverage being lost. • Coverage termination date, if available. • 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.

ELIGIBILITY

Guaranteed Issue - Wisconsin (continued)

Plans Available Without Underwriting and Pre-Existing Condition Exclusions for Applicants Entitled to Guaranteed Issue			
WI Guaranteed Issue Situations:	For Applicants Age 50-64 who are eligible for Medicare by reason of disability or End-Stage Renal Disease with:		Documentation Must Include:
	<ul style="list-style-type: none"> • A Medicare Part A Effective Date <u>PRIOR</u> to 1/1/2020. 	<ul style="list-style-type: none"> • A Medicare Part A Effective Date on or <u>AFTER</u> 1/1/2020. 	
	For Applicants Age 65 and over with:		
	<ul style="list-style-type: none"> • A 65th birthday <u>PRIOR</u> to 1/1/2020. <li style="text-align: center;">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. 	
<p>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:</p> <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 	Any Plan or Plan/Rider(s) combo	Any Plan or Plan/Rider(s) combo EXCEPT the Part B Annual Deductible Rider 3 (QW).	<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 	Any Plan or Plan/Rider(s) combo	Any Plan or Plan/Rider(s) combo EXCEPT the Part B Annual Deductible Rider 3 (QW).	<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>Any Plan or Plan/Rider(s) combo</p>	<p>Any Plan or Plan/Rider(s) combo EXCEPT the Part B Annual Deductible Rider 3 (QW).</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.”
<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. NOTE: For an applicant to drop their MA plan, the applicant must have a valid election period.</p>	<p>The same AARP Medicare Supplement Plan/Rider(s) you were previously enrolled in if still available from UnitedHealthcare Insurance Company. If not available: Any Plan or Plan/Rider(s) combo – If the previous Medicare Supplement Plan* you had was with another insurer, then you can only apply for: Any Plan or Plan/Rider(s) combo</p>	<p>The same AARP Medicare Supplement Plan/Rider(s) you were previously enrolled in if still available from UnitedHealthcare Insurance Company. If not available: Any Plan or Plan/Rider(s) combo EXCEPT the Part B Annual Deductible Rider 3 (QW). – If the previous Medicare Supplement Plan* you had was with another insurer, then you can only apply for: Any Plan or Plan/Rider(s) combo EXCEPT the Part B Annual Deductible Rider 3 (QW).</p>	<ul style="list-style-type: none"> • Applicant’s name. • Plan Type (Medicare Supplement plan, including plan code, Medicare Advantage, other Medicare managed care, Program of All-Inclusive Care for the Elderly (PACE) or Medicare Select plan). • The Plan start dates and end dates for all plans applicable to the situation.* • Reason for the termination of the Medicare plan(s). • 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>*NOTE: If the applicant has had coverage under more than one Medicare plan over a period of years with the same or different insurance companies and there has been no gap in coverage, provide the start date of the earliest Medicare plan. The end date provided should be for the most recent Medicare plan. If the plan is still in effect, leave the end date blank.</p>

Guaranteed Issue - Wisconsin (continued)

Plans Available Without Underwriting and Pre-Existing Condition Exclusions for Applicants Entitled to Guaranteed Issue			
WI Guaranteed Issue Situations:	For Applicants Age 50-64 who are eligible for Medicare by reason of disability or End-Stage Renal Disease with:		Documentation Must Include:
	<ul style="list-style-type: none"> A Medicare Part A Effective Date <u>PRIOR</u> to 1/1/2020. 	<ul style="list-style-type: none"> A Medicare Part A Effective Date on or <u>AFTER</u> 1/1/2020. 	
	For Applicants Age 65 and over with:		
	<ul style="list-style-type: none"> A 65th birthday <u>PRIOR</u> to 1/1/2020. <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> 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. 	
<p>6. On first enrolling in Medicare Part A and Medicare Part B 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: For an applicant to drop their MA plan, the applicant must have a valid election period.</p> <p>*The MA or PACE plan effective date must be equal to the Medicare Part A and Medicare Part B effective dates for this qualifying event to apply.</p>	Any Plan or Plan/Rider(s) combo	Any Plan or Plan/Rider(s) combo EXCEPT the Part B Annual Deductible Rider 3 (QW).	<ul style="list-style-type: none"> Applicant's name. Plan Type (Medicare Supplement plan, including plan code, Medicare Advantage, other Medicare managed care, Program of All-Inclusive Care for the Elderly (PACE) or Medicare Select plan). The Plan start dates and end dates for all plans applicable to the situation.* Reason for the termination of the Medicare plan(s). 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>*NOTE: If the applicant has had coverage under more than one Medicare plan over a period of years with the same or different insurance companies and there has been no gap in coverage, provide the start date of the earliest Medicare plan. The end date provided should be for the most recent Medicare plan. If the plan is still in effect, leave the end date blank.</p>

7. Applicant loses Medicaid coverage.	Any Plan or Plan/Rider(s) combo	Any Plan or Plan/Rider(s) combo EXCEPT the Part B Annual Deductible Rider 3 (QW).	<ul style="list-style-type: none"> • Applicant’s name. • Level/Type of Medicaid benefits 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 “Medicaid.”
8. Applicant is notified that a hospital is leaving the Medicare Select network and there is no other network hospital within a 30-mile or 30-minute radius of their home.	Any Plan or Plan/Rider(s) combo	Any Plan or Plan/Rider(s) combo EXCEPT the Part B Annual Deductible Rider 3 (QW).	<ul style="list-style-type: none"> • Applicant’s name. • Plan Type – confirmation that it’s a Medicare Select Plan. • Hospital network termination date and indication that there are no other hospitals within a 30 mile or 30 minute radius. • Answer questions on the Application Form in the “Is your acceptance guaranteed” section.
9. Applicant drops employer coverage that is primary or supplemental to Medicare to enroll in an MA plan, then drops the MA plan within one year.	Any Plan or Plan/Rider(s) combo	Any Plan or Plan/Rider(s) combo EXCEPT the Part B Annual Deductible Rider 3 (QW).	<ul style="list-style-type: none"> • Applicant’s name. • Previous employer coverage and termination date. • Medicare Advantage 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 Advantage plans.”

Application Requirements

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

Applications 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 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 – Wisconsin

The following chart shows the AARP Medicare Supplement Insurance plans and optional riders available to eligible Medicare beneficiaries age 50 and older residing in Wisconsin.

ELIGIBILITY

Medicare Supplement Benefits	Basic Plan (MW)	Basic Plan with Co-Pay (NW)
Medicare Part A: Coinsurance	✓	✓
Medicare Part B: Coinsurance	✓	✓ ¹
Blood	First three pints	First three pints
Hospice Care	✓	✓
Skilled Nursing Facility Care	✓	✓
Chiropractic Services	✓	✓
Inpatient Psychiatric Care	175 days per lifetime in addition to Medicare	175 days per lifetime in addition to Medicare
Home Health Care	40 visits in addition to those paid by Medicare	40 visits in addition to those paid by Medicare
Colorectal Cancer Screening	Usual and prevailing charge	Usual and prevailing charge
Preventive Medical Care	Up to \$120	Up to \$120

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).

Rider Choices

You also have the option to purchase additional coverage called a rider. A rider will help cover costs not covered under your basic plan.

- With Basic Plan (MW), up to 3 additional riders can be added: Rider 1 (OW) or Rider 2 (PW), Rider 3 (QW)*, Rider 4 (SW)
- With Basic Plan with *Co-Pay* (NW), up to 2 additional riders can be added: Rider 1 (OW) or Rider 2 (PW), Rider 4 (SW)

Riders – Can be purchased with:	Basic Plan (MW)	Basic Plan with Co-Pay (NW)
Rider 1 (OW): 100% of Medicare Part A Deductible Part B Excess Charges Foreign Travel Emergency Care	✓	✓
Rider 2 (PW): 50% of Medicare Part A Deductible Part B Excess Charges Foreign Travel Emergency Care	✓	✓
Rider 3 (QW)*: Medicare Part B Deductible *This rider is not available to individuals with a 65th birthday and Medicare Part A Effective date on or after 1/1/2020.	✓	
Rider 4 (SW): Home Health Care	365 visits, less any visits paid by Medicare	365 visits, less any visits paid by Medicare

Additional Plan Information

When Are Plans and Riders 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. Applicants must be at least age 50 or older in order to be eligible to enroll.

Underwriting and Rate Information

2021 New Sales in Wisconsin

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

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.

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 prescription drugs

Did you know?



You can now find **Plan Change Situation Information on Jarvis under Knowledge Center > Medicare Supplement > Rates and Underwriting > Underwriting and Rate Guides.**

UNDERWRITING/RATES

*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 (applied at \$2.00 each month) 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 with Areas

In community-rated states with area rating, all insured members in the same rating class in the same area 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.

Did you know?



You can now find **Plan Change Situation Information on Jarvis under Knowledge Center > Medicare Supplement > Rates and Underwriting > Underwriting and Rate Guides.**

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.
- **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.

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 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

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.

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.

Medicare Beneficiaries Age 50 to 64

Underwriting and Rate Summary

The following chart provides a summary of the underwriting requirements and applicable rate:

	Time since Medicare Part B effective date	
	0 to < 7 months	7 months or more
Underwriting ¹	No Underwriting <i>Open Enrollment Period</i>	Eligibility Underwriting ²
Rate ^{3,4}	Disabled Rate	

¹ Does not apply to applicants who meet guaranteed issue requirements.

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

³ Rates for new sales are based upon the applicant’s biological sex.

⁴ 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 rate.

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 (applied at \$2.00 each month) 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 with Areas

In community-rated states with area rating, all insured members in the same rating class in the same area 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 after the first year of coverage due to rate guarantee ending.

Underwriting Information

General Information

- **Who needs to be underwritten?** Applicants outside of their open enrollment period, applicants who qualify for guaranteed issue for certain Medicare Supplement plans, and those who do not qualify for guaranteed issue are underwritten to determine eligibility.
- **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 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 enrollment 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 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 applicant may be asked to obtain additional information from their doctor.
- **Are communications sent to agents relating to the underwriting process?** Yes. E-mail communications may be 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 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.

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 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, require dialysis or have Chronic Kidney Disease.
- **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.

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

- **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
 - Within the past two years, told by a medical professional that they may need any of the following that has not yet been completed:
 - Hospital admittance as an inpatient
 - Joint replacement
 - Organ transplant
 - Surgery for cancer
 - Back or spine surgery
 - Heart or vascular surgery
 - Within the past two years, had a Heart Attack, Stroke, Mini-Stroke or Transient Ischemic Attack (TIA)
 - Within the past two years, diagnosed, treated, given medical advice or prescribed medications/refills by a medical professional for any of the following medical conditions:
 - Hospital admittance as an inpatient
 - Joint replacement
 - Organ transplant
 - Surgery for cancer
 - Back or spine surgery
 - Heart or vascular surgery

(continued on next page)

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.

- **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.
- **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.

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 an applicant or their physician to confirm their health status and history 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 addresses 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 or information is needed about medical conditions. The agent can reach out to the applicant to ensure that they return the underwriter’s call.

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 Decisions

- **How will the underwriter communicate a denial 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 following the procedures outlined 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 are 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, 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 or respond NOT SURE to the health question.
 - 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.

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 **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.

UnitedHealthcare Toolkit

The UnitedHealthcare 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 UnitedHealthcare 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 UnitedHealthcare 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 UnitedHealthcare 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 UnitedHealthcare 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 UnitedHealthcare 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 UnitedHealthcare 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

Sales and Marketing Materials Rules (continued)

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 UnitedHealthcare 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 UnitedHealthcare 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 UnitedHealthcare 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:

- Enrollment Kits (can be personalized) - new sales
- Enrollment Kits - plan changes
- Agent Producer Handbooks
- Printed Non-Personalized Brochures and Fact Sheets
- Product Availability Chart

UnitedHealthcare Toolkit:

- Lead Generation Campaigns
- Sales Presentations
- Personalized Fact Sheets and Brochures
- A20 Elite Materials
- Brochures
- Marketing Materials Catalog

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.

*Program rules are subject to change and may be discontinued at any time without notice.

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 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.	<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.

MARKETING

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 and greeting cards.	<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 and social media posts.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Access to AARP-branded letter of introduction and personalized lead generation pieces.	<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 UnitedHealthcare Toolkit for more information.

Quality Production Minimum Qualifications

Authorized to Offer (Level 1)

Agents who are licensed, appointed and contracted with UnitedHealthcare, and have completed UnitedHealthcare certification requirements, are Authorized to Offer (A2O) (also known as Level 1) AARP Medicare Plans.

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.

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 each year, 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."

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.

Internal Sales Rep (ISR) agents may complete the Disrupt Aging certification course for Elite status once they have completed all product requirements.

Active A2O Elite agents with 150 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 cash rewards and trips 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 can start accumulating cash rewards as soon as you submit your first application! And don't worry about keeping track - you will receive a monthly email showing your earnings so far in the program. Your monthly statement will also reflect the number

* 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.

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

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

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 will also be eligible to earn a travel reward from UnitedHealthcare! A2Oh! Rewards offer three different categories of travel awards (Sapphire, Emerald, and Diamond) from UnitedHealthcare that can be earned based on the total number of accepted and paid sales during the qualification period. **Sapphire** is presented to A2O Elite agents who achieve 100-149 accepted and paid sales during the qualification period; **Emerald** is presented to A2O Elite agents who achieve 150-199 accepted and paid sales during the qualification period; and **Diamond** is presented to A2O Elite agents who achieve 200+ accepted and paid sales during the qualification period (go to the Authorized to Offer section under the Sales & Marketing Tools tab within Jarvis for more trip details). 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.engagengo.com/unitedhealthcare54239.

For complete details on this exciting A2Oh! 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, Washington and West Virginia are not currently eligible for cash 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 cash 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.

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.

*This program may not be available in all states. Lead volume is dependent on many factors and is not guaranteed.

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.

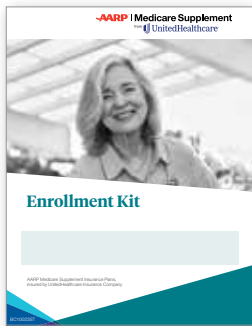
The purpose of these visits is to ensure that agents are meeting all code of ethics and other contractual obligations to UnitedHealthcare related to participation in the A2O program for the AARP-branded products.

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, licensed, and appointed 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.

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.

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.

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 45 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.)

Application Checklist (continued)

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 situation information on Jarvis under Knowledge Center > Medicare Supplement > Rates and Underwriting > Underwriting and Rate Guides, 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) **must sign** and date in the Authorization and Verification of Application of Information section.
- Section 11: Applicant(s) and Agent **must sign** and date the Replacement Notice if one is needed.

- 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.

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
- Remote digital signature using DocuSign, or
- Through the Voice Signature process

Wisconsin has the Online Enrollment Voice Signature capability through LEAN. For complete details and information on how the process works, please see the Online Enrollment section under Submitting an Enrollment Application.

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 11 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 52 in this Handbook.

Application Checklist (continued)

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.

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.

Submitting an Application

(continued)

- 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

The AARP Medicare Supplement online enrollment application requires signatures to be captured from you and the applicant. If you wish to submit an online enrollment application for a consumer, signatures must be captured via a Touch screen device (i.e. tablet), Signature pad, Remote, or Voice Signature (currently available for consumers in Wisconsin). See below for more information.

Before you begin an online enrollment application, confirm that the consumer understands and is willing to sign the forms electronically via signature pad, Remote, touch screen device or via voice signature recording.

Online Enrollment Voice Signature

This Voice Signature feature provides the option for consumers to sign their applications from a location of their convenience via our voice signature process with the help of you, their agent.

Log on to LEAN and start completing an online application for consumers residing in Wisconsin. Once you get to the Signature Capture page, select *Voice Signature* and carefully follow the instructions as indicated on each page. Please note that all questions and disclaimers displayed on the screen **must** be read verbatim to the consumer during the recording. If any verbiage is missed, a new application will have to be submitted. To start the recording, call 1-888-889-9198. Ensure your client is on the phone with you and has agreed to have the application voice recorded. Note: the gray boxes under Voice Signature Instructions are instructional content for you to read and are not to be recorded.

With your consumer on the phone, walk them through plan options and the plan application. Please confirm all of the questions are answered and submit the completed application.

For more detailed information and a complete LEAN user guide, log into Jarvis and navigate to Knowledge Center, then Systems and Technology, and it can be found under LEAN.

Note: As a reminder, agents are encouraged to communicate with consumers in the manner the consumer prefers.

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.

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 (Monday – Friday, 8 a.m. – 10 p.m. ET).

Submitting an Application

(continued)

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. Insured members qualify for a \$2.00 discount per household per month when they have their premiums automatically withdrawn from their checking or savings account.

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.**

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.

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.

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

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 10:00 p.m. EST.

The following chart will assist in understanding the internal codes:

Plan Code	Internal Code
Basic Plan	MW1
Basic Plan with Co-Pay	NW1
Rider 1	OW1
Rider 2	PW1
Rider 3	QW1
Rider 4	SW1

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 12 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 Plan Changes and Pending Applications (Form 4 PC and 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. An applicant, insured member or authorized representative's signature on this form is not needed unless otherwise noted as required.</p> <ul style="list-style-type: none"> • AARP Membership Number Update • Separation of Accounts • Combination of Accounts • Plan 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 or authorized representative's signature:</p> <ul style="list-style-type: none"> • Back-dated Termination and Refund of Premium requests related to overlapping MA, MAPD or Medicare Supplement coverage. 	<p>These change request forms do not require the signature of an applicant, insured member or authorized representative for a change request to be made on their behalf. However, some of the following change requests require documentation and their signature.</p> <p>Form 4 PC</p> <ul style="list-style-type: none"> • Plan Changes (Not all plan changes are able to use this form.) <p>Form 4</p> <p>For PENDING Applications Only:</p> <ul style="list-style-type: none"> • Gender Indication • Tobacco Usage • Missing Application Pages • Legal Forms • Medicare Part A/B Effective Dates • AARP Membership Number • Phone Number • Updated Plan Effective Date • Date of Birth (DOB) • Request to Withdraw Pending Application • GI Supporting Documentation • Completed Health Questions

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.

Agent Customer Service (continued)

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

Agent Servicing Program

UnitedHealthcare has an Agent Servicing program that allows Authorized to Offer AARP Medicare Supplement Insurance Plan agents the ability to act on behalf of members.

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

- Minor changes to applicant/member's name (Misspelling, incorrect variations of names, first name and middle name inter-changed)
- Make a telephone number change
- Make an e-mail address change
- Withdraw a pending application
- 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"
- Request a Privacy Authorization form be mailed to member's address for purpose of a spouse, relative, or friend to assist with their health insurance needs
- Obtaining information related to billing:
 - Premium payment due date (current, past and future), date payment was received, payment method, timing of Electronic Funds Transfer withdrawals, payment method start and change date
 - Request a premium refund for a member with an active account
 - Request an Electronic Funds Transfer (EFT) form be mailed to member's address
 - 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
- Discounts:
 - Premium discount and information

Agents requesting these services should call the Producer Help Desk at **1-888-381-8581 (Monday through Friday, 8:00 a.m. to 10:00 p.m. EST)** 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 or their delegate must provide:

- Agent name and writing number
- Delegate’s name and agent’s Party ID (only required if a delegate is the requester)
- 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 (weekdays from 7:00 a.m. to 11:00 p.m. and Saturday 9:00 a.m. to 5:00 p.m. Eastern Time)**.

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 Hours: Weekdays from 7:00 a.m. to 11:00 p.m. and Saturday 9:00 a.m. to 5:00 p.m. Eastern Time Web: www.MyAARPMedicare.com</p> <p>Automated Customer Express Line Phone Number: 1-800-444-6544 Hours: 7 days a week, 24 hours a day</p> <p>My Advocate Web: www.myadvocatehelps.com</p> <p>AARP Membership Phone Number: 1-866-331-1964 Hours: Weekdays from 7:00 a.m. to 11:00 p.m. and Saturday 9:00 a.m. to 5:00 p.m. Eastern Time</p> <p>General Insured Member Information Web: www.Beginsat50.com</p>	<p>AARP® MedicareRx Walgreens (PDP) Phone Number: 1-800-850-6807</p> <p>AARP® MedicareRx Preferred (PDP) Phone Number: 1-800-850-6807</p> <p>AARP® MedicareRx Saver Plus (PDP) Phone Number: 1-800-850-6807</p> <p>Note: Hours of operation for these services are 8 a.m. - 8 p.m. Eastern Time, 7 days a week.* *Alaska and Hawaii: 8 a.m. - 8 p.m. Monday - Friday, 8 a.m. - 5 p.m. Saturday.</p>
	Member Benefit Contacts
	<p>Services and Value-adds Phone Number: 1-888-887-5963 Hours: Weekdays from 7:00 a.m. to 11:00 p.m. and Saturday 9:00 a.m. to 5:00 p.m. Eastern Time</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	An eye disorder affecting the macula, which is part of the retina responsible for central vision. <i>Also known as AMD or ARMD.</i> 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.
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	A medical professional: <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
Abemaciclib	Cancer
Abiraterone Acetate	Cancer
Acidinium Br-Formoterol Inh Powd	Chronic obstructive pulmonary disease, emphysema
Acidinium Bromide Aerosol	Chronic obstructive pulmonary disease, emphysema

Drug Name	Medical Condition
Actemra	Rheumatoid arthritis
Adalimumab	Rheumatoid arthritis
Afatinib	Cancer
Afinitor	Cancer
Aflibercept	Wet Macular degeneration
Aggrenox	Artery or vein blockage, coronary artery disease, peripheral artery disease, heart attack, stroke, mini-stroke, TIA, atrial fibrillation or flutter
Aldactone	Congestive heart failure, Cardiomyopathy
Alecensa	Cancer
Alectinib	Cancer
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
Apalutamide	Cancer
Apixaban	Artery or vein blockage, coronary artery disease, peripheral artery disease, heart attack, stroke, mini-stroke, TIA, 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
Beovu	Wet Macular degeneration

Drug Name	Medical Condition
Betapace	Congestive heart failure, cardiomyopathy, atrial fibrillation or flutter
Betaseron	Multiple Sclerosis
Bevacizumab	Wet Macular degeneration
Bicalutamide	Cancer
Bortezomib	Cancer, lymphoma
Brilinta	Artery or vein blockage, coronary artery disease, peripheral artery disease, heart attack, stroke, mini-stroke, TIA
Brolucizumab	Wet Macular degeneration
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
Corlanor	Congestive heart failure
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
Cytosan	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
Dasatinib	Leukemia
Digitex	Congestive heart failure, atrial fibrillation or flutter
Digoxin	Congestive heart failure, atrial fibrillation or flutter

Drug Name	Medical Condition
Dimethyl fumarate	Multiple Sclerosis
Dipyridamole	Artery or vein blockage, coronary artery disease, peripheral artery disease, heart attack, stroke, mini-stroke, TIA
Diroximel fumarate	Multiple Sclerosis
Dofetilide	Atrial fibrillation or flutter
Doxercalciferol	End-stage renal disease
Dronedarone	Atrial fibrillation or flutter
Duaklir Pressair	Chronic obstructive pulmonary disease, emphysema
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
Erleada	Cancer
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

Drug Name	Medical Condition
Fluticasone-Umeclidinium-Vilanterol	Chronic obstructive pulmonary disease, emphysema
Fondaparinux Sodium	Artery or vein blockage
Fragmin	Artery or vein blockage
Generlac	Cirrhosis of the liver
Gilenya	Multiple Sclerosis
Gilotrif	Cancer
Glatiramer	Multiple Sclerosis
Gleevec	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
Ibrutinib	Leukemia
Imatinib	Leukemia
Imbruvica	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

Drug Name	Medical Condition
Leflunomide	Rheumatoid arthritis
Lemtrada	Multiple Sclerosis
Lenalidomide	Cancer
Lucentis	Wet Macular degeneration
Macugen	Wet Macular degeneration
Mavenclad	Multiple Sclerosis
Mayzent	Multiple Sclerosis
Mekinist	Cancer
Melphalan	Cancer
Mercaptopurine	Cancer, leukemia
Methotrexate	Rheumatoid arthritis
Metolazone	Chronic kidney disease
Minitran	Artery or vein blockage, coronary artery disease, heart attack
Multaq	Atrial fibrillation or flutter
Natalizumab	Multiple Sclerosis
Nephro Caps	End-stage renal disease
Neratinib	Cancer
Nerlynx	Cancer
Nexavar	Cancer
Nilotinib	Leukemia
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
Osimertinib	Cancer
Palbociclib	Cancer
Paricalcitol	End-stage renal disease
Pegaptanib	Wet Macular degeneration
Peginterferon beta 1a	Multiple Sclerosis

Drug Name	Medical Condition
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
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
Rinvoq	Rheumatoid arthritis
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

Drug Name	Medical Condition
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
Sprycel	Leukemia
SPS 15 Suspension	End-stage renal disease
Sunitinib	Cancer
Sutent	Cancer
Tagrisso	Cancer
Tarceva	Cancer
Tasigna	Leukemia
Tecfidera	Multiple Sclerosis
Temodar	Cancer
Temozolomide	Cancer
Teriflunomide	Multiple Sclerosis
Ticagrelor	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
Trametinib	Cancer
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

Drug Name	Medical Condition
Umeclidinium-Vilanterol Aero Powd	Chronic obstructive pulmonary disease, emphysema
Upadacitinib	Rheumatoid arthritis
Velcade	Cancer, lymphoma
Verzenio	Cancer
Vumerity	Multiple Sclerosis
Warfarin	Artery or vein blockage, coronary artery disease, peripheral artery disease, heart attack, stroke, mini-stroke, TIA, atrial fibrillation or flutter
Xalkori	Cancer
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



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