

# Plan Comparison Guide

Compare benefits included in each of the AARP® Medicare Supplement Insurance Plans, insured by UnitedHealthcare Insurance Company (UnitedHealthcare). Some plans may not be available. Only applicants **first** eligible for Medicare before 2020, may purchase Plans C and F. A check mark (✓) means 100% of this benefit is paid. Otherwise, the plan pays the percentage shown.

Note: In Massachusetts, Minnesota and Wisconsin, there are different plan options available.

## Available AARP Medicare Supplement Plans and Benefits

BASIC BENEFITS	Plans available to all applicants						Medicare first eligible before 2020 only	
	Plan A	Plan B	Plan G	Plan K	Plan L	Plan N	Plan C	Plan F
<b>Hospitalization:</b> Medicare Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.	✓	✓	✓	✓	✓	✓	✓	✓
<b>Medical Expenses:</b> Medicare Part B coinsurance (generally 20% of Medicare-approved expenses) or copayments for hospital outpatient services. Plans K, L, and N require insured to pay a portion of Part B coinsurance or copayments.	✓	✓	✓	50%	75%	✓ <sup>2</sup>	✓	✓
<b>Blood:</b> First 3 pints of blood each year.	✓	✓	✓	50%	75%	✓	✓	✓
<b>Hospice Care:</b> Part A coinsurance or copayment.	✓	✓	✓	50%	75%	✓	✓	✓
<b>ADDITIONAL BENEFITS</b>								
<b>Skilled Nursing Facility Care</b> coinsurance			✓	50%	75%	✓	✓	✓
<b>Medicare Part A Deductible</b>		✓	✓	50%	75%	✓	✓	✓
<b>Medicare Part B Deductible</b>							✓	✓
<b>Medicare Part B Excess Charges</b> <sup>4</sup>			✓					✓
<b>Foreign Travel</b> emergency care <sup>3</sup> (up to plan limits)			✓			✓	✓	✓
<b>Annual Out-Of-Pocket</b> <sup>1</sup> spending limit				\$5,560 <sup>1</sup>	\$2,780 <sup>1</sup>			

<sup>1</sup> For Plans K and L, after you meet your out-of-pocket yearly limit and your yearly Part B deductible (\$185 in 2019), the Medicare supplement plan pays 100% of covered services for the rest of the calendar year.

<sup>2</sup> Note: Plan N pays 100% of the Part B co-insurance, except for a co-pay of up to \$20 for some office visits and up to a \$50 co-pay for emergency room visits that don't result in an inpatient admission.

<sup>3</sup> Benefit is 80% and beneficiaries are responsible for 20% after the \$250 annual deductible with a \$50,000 lifetime maximum. Benefits are defined as medically necessary emergency care services beginning during the first 60 days of each trip outside the U.S.

<sup>4</sup> Under Ohio and Pennsylvania law, a physician may not charge or collect fees from Medicare patients which exceed the Medicare approved Part B charge. Plans F and G pay benefits for excess charges when services are rendered in a jurisdiction not having a balance billing law. Vermont law generally prohibits a physician from charging more than the Medicare approved amount. However, there are exceptions and this prohibition may not apply if you receive services out of state.

**Benefits and costs vary depending on the plan you choose.**

## Learn more about the cost considerations for Medicare supplement plans.

### Lower Benefits, Higher Out-of-Pocket (Plans A and B)

Medicare Supplement Plan A offers just the Basic Benefits while Plan B covers Basic Benefits plus a benefit for the Medicare Part A deductible, which could be one of the largest out-of-pocket expenses if you need to spend time in a hospital. Plans A and B have lower monthly premiums with higher-out-of-pocket costs for things like Skilled Nursing Facility Coinsurance, Part B Excess Charges, and Foreign Travel Emergency Care.

### Higher Benefit Level, Higher Premium (Plans C<sup>†</sup>, F<sup>†</sup> and G)

Plans C, F and G offer the most supplemental coverage, paying many of your out-of-pocket costs for Medicare-approved services. Consider these plans if you are willing to pay a higher monthly premium in exchange for more healthcare coverage and lower out-of-pocket costs.

†Please note: Only applicants **first** eligible for Medicare before 2020 may purchase Plans C and F.

### Lower Premium, Cost Sharing (Plans K and L)

Plans K and L are cost-sharing plans offering lower monthly premiums because they pay a percentage of the coinsurance instead of the full coinsurance amount. Once the out-of-pocket limit is reached, these plans pay 100% of covered services for the rest of the calendar year.

### Co-Pay Structure, Mid-Range Premium (Plan N)

Plan N covers the Part B coinsurance, but you pay copayments for covered doctor office and emergency room visits in exchange for a mid-range monthly premium.

## Why consider a Medicare supplement insurance plan?

Medicare supplement insurance plans help pay some of the out-of-pocket costs that Medicare does not pay – **giving you more complete coverage than Medicare alone.**

With Medicare supplement plans:

- You're able to keep your own doctor who accepts Medicare patients.
- See any specialist without a referral.
- There are no claim forms to fill out.
- Coverage goes with you anywhere in the U.S. when you travel.

**Choose an AARP Medicare Supplement Insurance Plan, insured by UnitedHealthcare Insurance Company. Here's why:**

Market Leader	Fast Service	Tops in Customer Service	Endorsed by AARP
<p>With more than 4 million insured members nationwide, UnitedHealthcare and its affiliates cover more people with Medicare Supplement plans than any other individual insurance carrier.*</p>	<p>98%<sup>†</sup> of claims are processed in 10 days or less, so no need to worry about paperwork or following up on claims.</p>	<p>95%<sup>††</sup> of members surveyed are satisfied with the level of customer service received by UnitedHealthcare's licensed insurance agents/producers.</p>	<p>Products and services that carry the AARP name have been carefully evaluated and selected as meeting the high service and quality standards of AARP. AARP cares about people and serves them with compassion.</p>

**From friendly advice to helpful guidance,  
 UnitedHealthcare is here for you.  
 Call: **1-866-930-1643**  
 or visit: [AARPMedicareSupplement.com](http://AARPMedicareSupplement.com)**

\* From a report prepared for UnitedHealthcare Insurance Company by Mark Farrah Associates "December 2017 Medigap Enrollment & Market Share," May 2018.

† From a report prepared for UnitedHealthcare Insurance Company by ORC International, "Substantiation of Advertising Claims Concerning AARP Medicare Supplement Insurance Plans," April 2017, [www.uhcmedsupstats.com](http://www.uhcmedsupstats.com) or call 1-800-523-5800 to request a copy of the full report.

†† From a report prepared for UnitedHealthcare Insurance Company by GfK Custom Research NA "Medicare Supplement Plan Satisfaction Posted Questionnaire," March 2017, [www.uhcmedsupstats.com](http://www.uhcmedsupstats.com) or call 1-800-523-5800 to request a copy of the full report.

**Important Exclusions and Limitations Information for residents of Oklahoma:**

- Benefits provided under Medicare.
- Care not meeting Medicare's standards.
- Injury or sickness payable by Workers' Compensation or similar laws.
- Stays or treatment provided by a government-owned or -operated hospital or facility unless payment of charges is required by law.
- Stays, care, or visits for which no charge would be made to you in the absence of insurance.
- Any stay which begins, or medical expenses you incur, during the first 3 months after your effective date will not be considered if due to a pre-existing condition. A pre-existing condition is a condition for which medical advice was given or treatment was recommended by or received from a physician within 3 months prior to your plan's effective date.

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

You must be an AARP member to enroll in an AARP Medicare Supplement Insurance Plan. Insured by UnitedHealthcare Insurance Company, Horsham, PA. Policy form No. GRP 79171 GPS-1 (G-36000-4).

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

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

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

THESE PLANS HAVE ELIGIBILITY REQUIREMENTS, EXCLUSIONS AND LIMITATIONS. FOR COSTS AND COMPLETE DETAILS (INCLUDING OUTLINES OF COVERAGE), CALL A LICENSED INSURANCE AGENT/PRODUCER AT THE TOLL-FREE NUMBER SHOWN ABOVE.