

Member Welcome Kit Sample

Your Getting Started Guide

Your Plan Documents and Helpful Forms

Insured: New Enrollment

State Sample: IL (Renew Active)

Sample Plan Start Date: 1/22/2026

Payment: EFT for Sample AARP® Medicare Supplement Plan G, insured by UnitedHealthcare Insurance Company (UnitedHealthcare)

Sample Prepared: 1/23/2026

This sample is designed to illustrate the **Your Getting Started Guide** and **Your Plan Documents and Helpful Forms**.

The full welcome package includes:

- Your Health Insurance ID Card (ID Card and letter within envelope)
- Your Getting Started Guide (single preprinted version)
- Your Plan Documents and Helpful Forms
- Standalone checklist and outside envelope

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Your Getting Started Guide

Sample, here is some key information to help you get the most out of your AARP® Medicare Supplement Plan from UnitedHealthcare

PREPARED FOR YOU ON:

January 3, 2026

Welcome to your new plan

Let's get started

Congratulations on choosing your AARP Medicare Supplement Plan. You can feel confident that you can see **any doctor or specialist who accepts Medicare**, and you'll **be protected against surprise out-of-pocket costs**.

This guide was created to help you get started using your plan and take charge of your health care journey. Take a moment to review each section, and when you're done, you'll be ready to get the most out of your plan.

Questions? UnitedHealthcare is here to help support you.



Your Member Site **myAARPMedicare.com**

Register to view your health insurance ID card and plan documents, view and make online premium payments, track claims, chat live with UnitedHealthcare Customer Service, and more.



UnitedHealthcare App

Get easy access to your plan while on the go, right from your mobile device. It's available for free in the Apple App Store® and Google Play Store®.



UnitedHealthcare Customer Service **Call 1-800-523-5800, TTY 711**

Monday – Friday, 7 a.m. – 11 p.m., ET
and Saturday, 9 a.m. – 5 p.m., ET.
Para español: **1-800-822-0246**.

Sample, Get on your way to using your plan

Getting started is easy. The following three sections walk you through ways you can take advantage of the value of your AARP® Medicare Supplement Plan G today and for years to come.

YOU ARE HERE



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**Confirm your first
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SECTION 1

Do these right away

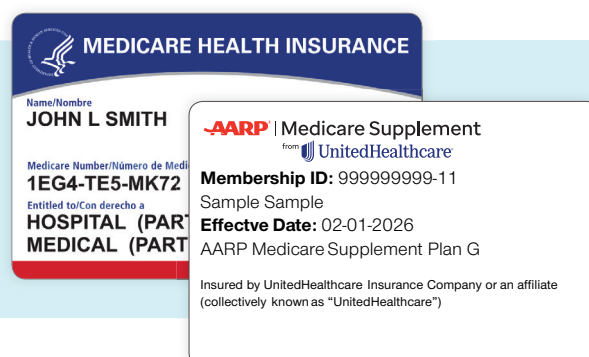


Review your health insurance identification card

First, let's take a look at your new health insurance ID card, sent with your welcome package. Your card includes your membership ID, your plan start date, and your plan name and code that identify your coverage. Your ID card is also available on the UnitedHealthcare app and **myAARPMedicare.com**. So you'll always have it at your fingertips. Scan the code on the right to access your card on the app.



Please note: If the start date or plan shown on your card is not what you expected, please contact UnitedHealthcare Customer Service as soon as possible at **1-800-523-5800.**



Confirm your first month's premium

You're all set! You've already signed up for Electronic Funds Transfer (EFT), so your payments will be automatically withdrawn from your account.

You can manage your payment options at any time through your online account, or by calling UnitedHealthcare Customer Service at **1-800-523-5800**.

Set up your online account

While setting up an online account isn't required, it's a simple and convenient way to access all your plan has to offer.

Scan the QR code to watch a short video for an overview of the tools and resources you can access with an online account at **myAARPMedicare.com**. When you're ready, select **Register Now**. All you need is your Medicare Supplement plan ID number (exactly as it appears on your health insurance ID card), date of birth, and ZIP Code.



You can also download the **UnitedHealthcare app** for easy access to your plan benefits and more right from your mobile device. It's available for free in the Apple App Store and Google Play Store.

Once you register online, you can:

- Access your health insurance ID card
- View and manage payments
- Find and track claims
- See plan benefits and documents
- Receive documents faster with paperless document and EOB delivery (Go to "Account Settings")
- Learn about extras that come along with your plan
- ...and more



SECTION 2

Using your plan

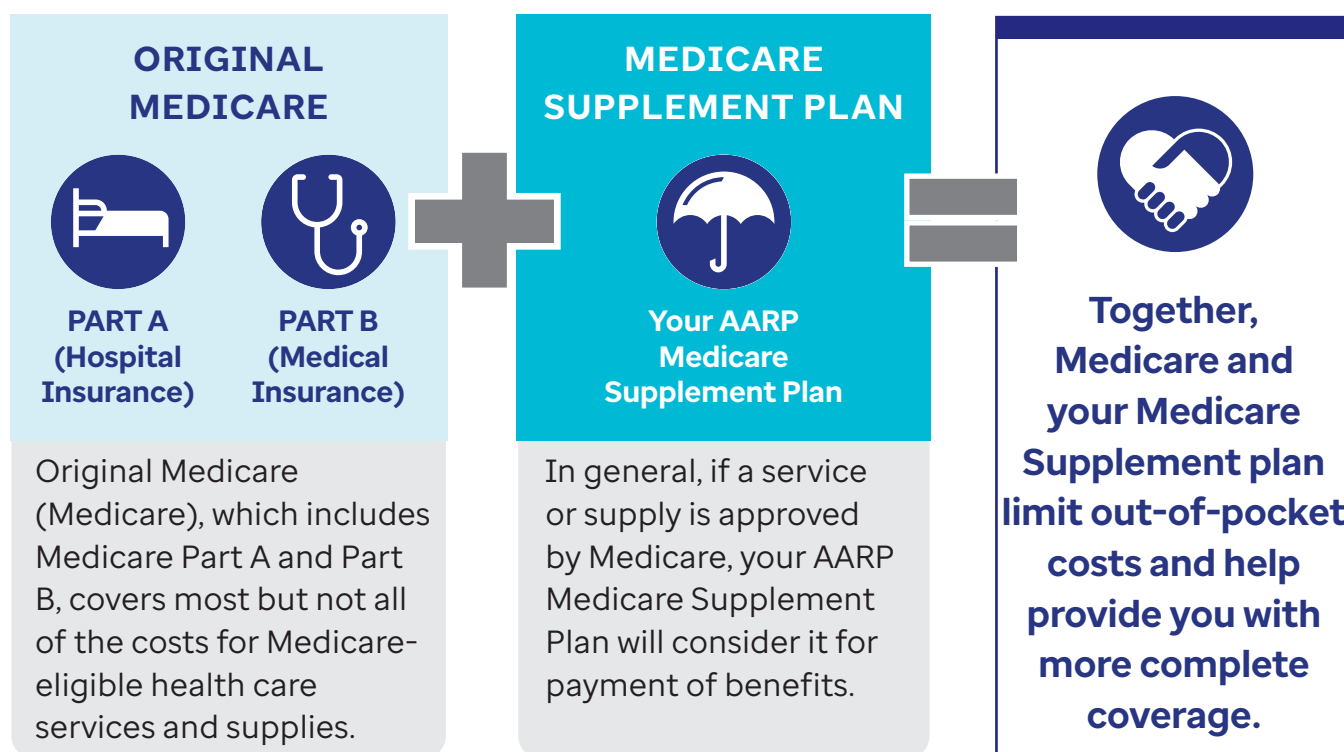


How your Medicare Supplement plan works with Medicare

When using your AARP Medicare Supplement Plan, it's important to understand how it works. Below is a quick overview. You can also scan the code to watch a video about how a Medicare Supplement plan works. On the next page, you'll see key information about the specific plan you selected.



Your Medicare Supplement plan helps cover Medicare-eligible out-of-pocket costs not covered by Original Medicare.





An overview of Medicare Supplement Plan G

Your AARP Medicare Supplement Plan G works together with Original Medicare to help limit your out-of-pocket costs for Medicare-approved expenses from any provider that accepts Medicare.



With Plan G, your **maximum out-of-pocket costs for Medicare-approved expenses per calendar year** include:

- **Part B deductible** (\$283 in 2026)

Use your online account to keep track of your deductible. Just click the link next to “My spending overview.”

If you need health care in the U.S, this is what you can expect with Plan G:



For Hospitalizations and Inpatient Care



\$0 out-of-pocket costs for Medicare-approved Part A expenses because your plan covers your Part A deductible (\$1,736 in 2026) and coinsurance.



For Doctor Visits and Outpatient Care



A maximum of \$283 out-of-pocket costs for Medicare-approved Part B expenses in 2026*.

First, you will be billed for expenses that fall under Medicare Part B until you meet the Part B deductible (\$283 in 2026). Then, you will have \$0 out-of-pocket costs for Medicare-approved Part B expenses for the rest of the year since Plan G covers those charges as well as provider excess charges.

For the full explanation of your coverage, see your *Certificate of Insurance* and *Outline of Coverage* in ***Your Plan Forms and Documents*** booklet.

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* These are the 2026 amounts set by the Centers for Medicare & Medicaid Services (CMS).
For the most current amounts, visit Medicare.gov.



Making medical appointments: Two simple steps

To set up your medical appointments, you only need to do two simple things:

1. When you call to set up an appointment, ask your provider if they accept "Original Medicare." If they do, your Medicare Supplement plan will be accepted, too. Your plan will also help cover any additional Medicare-eligible tests or services your doctor may order.
2. Take both your Medicare card and your Medicare Supplement plan ID card, included in this package, to your appointment.

If you want to understand if a procedure, supply, or service is covered by Original Medicare and your Medicare Supplement plan, talk to your health care provider. You can also visit [Medicare.gov/coverage](https://www.medicare.gov/coverage) for more information about what Original Medicare covers.

It is also good to know that Medicare Part B covers a number of preventive care appointments and services, including diabetes screenings, mammograms, flu shots, and more. To view the full list, visit [Medicare.gov/coverage/preventive-screening-services](https://www.medicare.gov/coverage/preventive-screening-services).

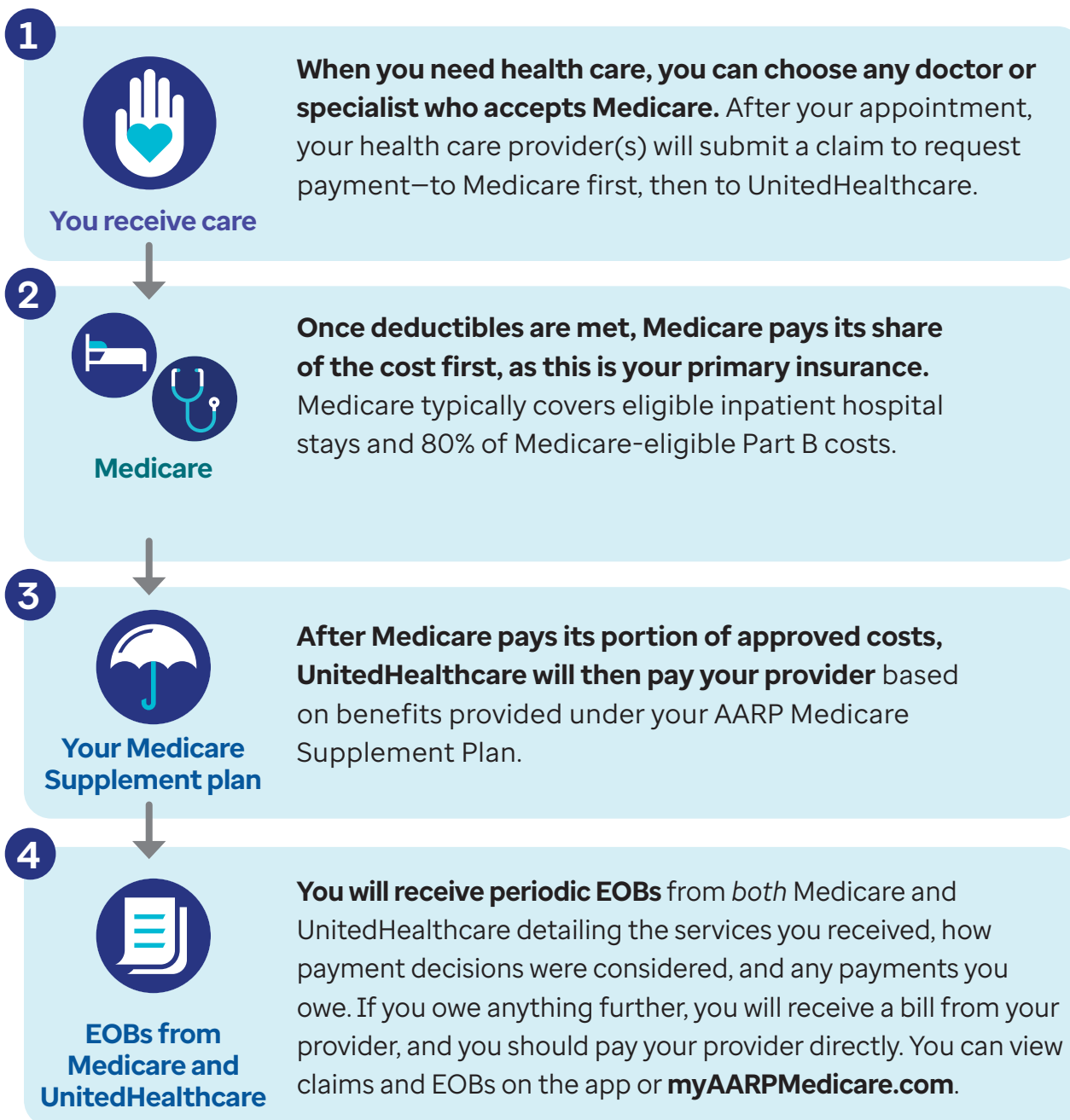
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How billing and payment work after you visit a provider

UnitedHealthcare works with Medicare to automatically process claims, so in most cases, you don't have the worry or hassle of filing claims.



Again, for the full explanation of your coverage, see your *Certificate of Insurance* and *Outline of Coverage* in ***Your Plan Forms and Documents*** booklet.

SECTION 3

Getting the most out of being an insured member

Take charge of your health care with a gym membership, discounts and more.

Your AARP Medicare Supplement Plan is here to support your health and wellness. **As an insured member, you can access wellness extras that can help improve your health care journey.** Check out these services and discounts that your plan gives you access to at no additional cost:



Renew Active® by UnitedHealthcare®

A gym membership that comes along with your insurance plan. You'll have access to a large network of national gyms and fitness locations with a wide variety of fitness classes.



Fitbit Premium™

Access to thousands of on-demand workout videos and live streaming fitness classes for all levels and intensity like yoga, weight training and low impact.



AARP® Staying Sharp®

An online program offering content about brain health with exclusive content for Renew Active members.

How to get started: At **myAARPMedicare.com** you will also find next steps on how to use these services. **You'll need a confirmation code** to access Renew Active, Fitbit Premium and Staying Sharp. Your confirmation code will be available once your plan is effective. To find your code, log in at **myAARPMedicare.com**. From the homepage, click on the "access gym code" button.

Continued on next page ►



Dental Discount

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

How to get started: Visit myAARPMedicare.com/wellness-extras for information about how to take advantage of this offer.



Vision Discount

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

How to get started: For more details, visit myAARPMedicare.com and click on the Health and Wellness tab.



Hearing Discount

Receive an exclusive discount on hearing aids and care. AARP® Hearing Solutions provided by UnitedHealthcare Hearing includes:

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

How to get started: Please contact UnitedHealthcare Hearing directly for details at **1-877-449-6784**.

Continued on next page ►



24/7 Nurse line

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

How to get started: For nurse support, call **1-888-543-5630**, TTY **711**.

See “Service Terms and Disclaimers” at the end of Section 2 of ***Your Plan Forms and Documents*** booklet for details, limitations, and conditions.

These offers are available at no additional cost to you and are only available to insured members covered under an AARP Medicare Supplement Plan from UnitedHealthcare Insurance Company and also available to North Dakota certificate holders under UnitedHealthcare Insurance Company of America. 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 are a substitute for the advice of a doctor or should be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room.



Contact information and other helpful resources

UnitedHealthcare wants you to get the information you need and help you make the most of your plan. Below is a list of the different ways you can contact us and receive information.



Sign In to Your Member Site

myAARPMedicare.com

Get access to plan documents, view claims and payments, set up communication preferences, and more.



Get 24/7 access with the UnitedHealthcare® app

Scan the QR Code with your mobile device to download the UnitedHealthcare app from the App Store® or Google Play™, and conveniently access plan benefits, EOBs and Claims, your health insurance ID card and more.



UnitedHealthcare Customer Service

For English-speaking representatives, please call 1-800-523-5800, TTY 711.

Para español: 1-800-822-0246

Representatives are available to help:

- Weekdays from 7 a.m. to 11 p.m., ET, and
- Saturday from 9 a.m. to 5 p.m., ET.



Additional UnitedHealthcare Resources

JustPlainClear.com/en

Thousands of health care terms defined in plain, clear language to help you make informed decisions.

Facebook.com/AARPMedicareSupplement/

For fun tips, teasers and informational tidbits.

What to expect next:

There's more to look forward to

UnitedHealthcare will stay in touch with you throughout the year, keeping you up to date on relevant and timely information. Here are some ways you can expect to hear from us:



Health Check-in Health Assessment Survey

UnitedHealthcare wants to assist you in managing your health. That's why we'd like each of our insured members to take a Health Check-in Health Assessment Survey—either through an automated phone call, by mail or online. Your answers can help us present programs and offers specific to your needs.

So look for a call in the next few weeks. If we don't reach you by phone, we will mail the survey to you. Or you can take the survey online by scanning the code below with your phone's camera.



Communications Throughout the Year

Be on the lookout for other communications from UnitedHealthcare about:

- Information and reminders related to your plan
- Updates on plan tools and resources on myAARPMedicare.com
- General health and wellness topics — from recipes and exercise tips to various medical insights



Additional UnitedHealthcare Resources

JustPlainClear.com/en Thousands of health care terms defined in plain, clear language to help you make informed decisions.

Facebook.com/AARPMedicareSupplement/ For fun tips, teasers and informational tidbits.

3

Your Plan Forms and Documents

Useful forms and official plan documentation to help you understand and use your AARP® Medicare Supplement Plan

AARP | Medicare Supplement
UnitedHealthcare

Review and file *Your Plan Forms and Documents* booklet

To learn about your specific plan details, please refer to *Your Plan Forms and Documents* booklet. It contains important plan documents and forms, such as your *Certificate of Insurance*, *Outline of Coverage*, and *Privacy Authorization Form*.

Again, welcome to your AARP Medicare Supplement Plan and the UnitedHealthcare family. We're glad to have you as an insured member, and we look forward to supporting you along your health care journey.

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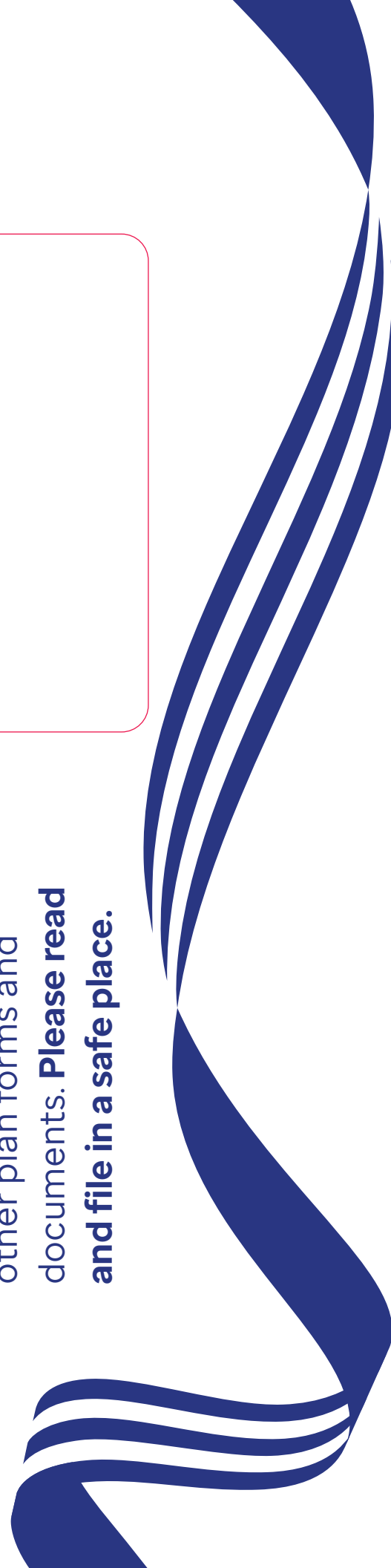
About this guide



This guide helps you take charge of your health care, move forward with confidence, and get the most out of your plan.



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This customized booklet includes your important plan information, including your Certificate of Insurance and other plan forms and documents. **Please read and file in a safe place.**

3

Your Plan Forms and Documents

Useful forms and official plan documentation to help you understand and use your AARP® Medicare Supplement Plan



Questions? We are here to help.



UnitedHealthcare App

Get easy access to your plan while on the go, right from your smartphone. It's available for free in the Apple App Store® and Google Play Store®.



Your Plan Website

myAARPMedicare.com



Sign up to view your plan documents, make payments online, track claims, and more



Chat live with UnitedHealthcare Customer Service



UnitedHealthcare Customer Service Call 1-800-523-5800, TTY 711

Monday - Friday, 7 a.m. - 11 p.m., ET and
Saturday, 9 a.m. - 5 p.m., ET.

Para español: **1-800-822-0246.**

What this booklet includes

This customized booklet contains important documentation and forms related to your chosen AARP® Medicare Supplement Plan from UnitedHealthcare.

Your Plan Details

AARP | Medicare Supplement
from **UnitedHealthcare**
Membership ID: 999999999-11
Sample Sample
Effective Date: 02-01-2026
AARP Medicare Supplement Plan G

Insured by UnitedHealthcare Insurance Company
or an affiliate (collectively known as "UnitedHealthcare")

Before you start using your plan, please review your enclosed health insurance ID card to make sure all the details are correct.

Name:

Sample A Sample

Membership number:

999999999-11

Plan start date:

February 1, 2026

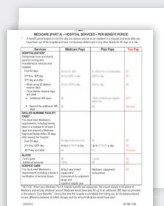
Plan name and code:

AARP® Medicare Supplement Plan G



Important Plan Information

This section includes key documents you need to review and file, including:



Outline of Coverage

PAGE 5

Provides an outline of the plan you have selected.



Certificate of Insurance

PAGE 7

The insurance contract between you and UnitedHealthcare.



Your Right to Review

PAGE 25

Explains your right to review the plan and decide if you want it.



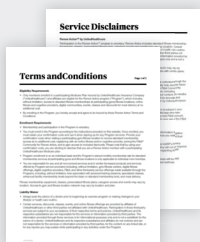
How to File a Claim

PAGE 30

Explains the process of our no-paperwork claim filing.

Plan Forms and More

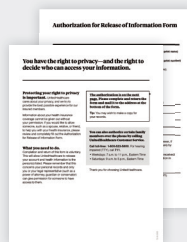
This section includes helpful forms and any applicable terms and conditions or disclaimers you should review:



Notice of Privacy Practices

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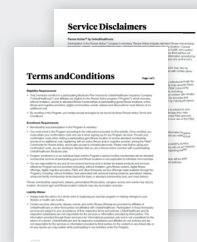
Explains how UnitedHealthcare does not treat insureds differently and how your information is used and shared.



Authorize a Representative

PAGE 47

Authorize another person to access your information.



Terms and Conditions and Disclaimers

PAGE 51

Review program details, limitations, and conditions. See ***Your Getting Started Guide*** booklet for program overviews.



Make sure to file this packet away so you can refer back to these documents and forms throughout the life of your plan.

Attention Medicare Part D Insured Members

If you have prescription drug coverage under AARP® MedicareRx from UnitedHealthcare, or if you are thinking about enrolling in AARP MedicareRx, please keep in mind that it is a separate plan from your AARP® Medicare Supplement Plan from UnitedHealthcare. For that reason, you will need to set up the following services separately for each plan:

- Electronic Funds Transfer (EFT)
- Privacy Authorization

Your premium payments are also separate for each plan. If you are a coupon payer, you will need to send separate checks each month. EFT payers will see one withdrawal for AARP MedicareRx plan drug coverage and one withdrawal for AARP Medicare Supplement Plan medical coverage each month.

In addition, if you ever need to update your plan or personal information, such as an address or phone number change, you'll need to update each plan account separately.

To sign up for recurring payments through EFT, go to **myAARPMedicare.com/payments**. You can also call UnitedHealthcare Customer Service at **1-800-523-5800**, TTY **711**, to speak with a representative and enroll in the services listed above.

Para español: **1-800-822-0246**.

- Weekdays from 7 a.m. to 11 p.m. ET or
- Saturday from 9 a.m. to 5 p.m. ET

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Section 1

Important Plan Information

This section includes key documents you need to review, including:

- **Outline of Coverage**
- **Certificate of Insurance**
- **Your Right to Review**
- **How to File a Claim**

Plan Benefit Tables: Plan G

Medicare Part A: Hospital Services per Benefit Period¹

Service		Medicare Pays	Plan G Pays	You Pay
Hospitalization¹ Semiprivate room and board, general nursing and miscellaneous services and supplies.	First 60 days	All but \$1,736	\$1,736 (Part A deductible)	\$0
	Days 61-90	All but \$434 per day	\$434 per day	\$0
	Days 91 and later while using 60 lifetime reserve days	All but \$868 per day	\$868 per day	\$0
	After lifetime reserve days are used, an additional 365 days	\$0	100% of Medicare eligible expenses	\$0 ²
	Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care¹ You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.	First 20 days	All approved amounts	\$0	\$0
	Days 21-100	All but \$217 per day	Up to \$217 per day	\$0
	Days 101 and later	\$0	\$0	All costs
Blood	First 3 pints	\$0	3 pints	\$0
	Additional amounts	100%	\$0	\$0
Hospice Care Available as long as you meet Medicare's requirements, your doctor certifies you are terminally ill and you elect to receive these services.		All but very limited co-payment/co-insurance for outpatient drugs and inpatient respite care	Medicare co-payment/co-insurance	\$0

Continued on next page ►

Notes

1 A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

2 NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

Plan Benefit Tables: Plan G (continued)

Medicare Part B: Medical Services per Calendar Year				
Service		Medicare Pays	Plan G Pays	You Pay
Medical Expenses INCLUDES TREATMENT IN OR OUT OF THE HOSPITAL, AND OUTPATIENT HOSPITAL TREATMENT, such as: physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.	First \$283 of Medicare-approved amounts ³	\$0	\$0	\$283 (Unless Part B deductible has been met)
	Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges Above Medicare-approved amounts		\$0	100%	\$0
Blood	First 3 pints	\$0	All costs	\$0
	Next \$283 of Medicare-approved amounts ³	\$0	\$0	\$283 (Unless Part B deductible has been met)
	Remainder of Medicare-approved amounts	80%	20%	\$0
Clinical Laboratory Services	Tests for diagnostic services	100%	\$0	\$0
Parts A and B				
Service		Medicare Pays	Plan G Pays	You Pay
Home Health Care Medicare-approved services	Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment Medicare-approved services	First \$283 of Medicare-approved amounts ³	\$0	\$0	\$283 (Unless Part B deductible has been met)
	Remainder of Medicare-approved amounts	80%	20%	\$0
Other Benefits not covered by Medicare				
Service		Medicare Pays	Plan G Pays	You Pay
Foreign Travel NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the 60 days of each trip outside the USA.	First \$250 of each calendar year	\$0	\$0	\$250
	Remainder of charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

Notes

³ Once you have been billed \$283 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

AARP Medicare Supplement Plan G Certificate of Insurance

About this document

We call this document your *Certificate*. A *Group Policy* has been issued to the Trustees of the AARP Insurance Plan and your *Certificate* is proof of your coverage under the *Group Policy*. This *Certificate* is effective on the *Effective Date* shown on this page. This *Certificate* is an important document and should be kept in a safe place.

Please read this *Certificate* carefully.

In this document, “you” means the person whose name appears on this page and who this *Certificate* has been issued to. “We” and “us” means UnitedHealthcare Insurance Company.

Many of the terms we use in this *Certificate* have special meanings. To help you find these terms, each of them begins with a capital letter and appears in *italics*. *Certificate* is one of these terms. You can find our definitions for each of these terms in the section at the end of this *Certificate* called “Terms we use.”

You have 30 days to decide if you want this Plan

If you decide you do not want this *Plan*, within 30 days after you receive this *Certificate*, you must do one of these two things:

1. Call us at the phone number shown on your ID card and ask us to void your *Plan*, or
2. Ask us in writing to void your *Plan*. You can send your request to the Administrative office shown above.

When we receive your request, we will treat the *Certificate* as if no coverage under this *Plan* was in force from the *Effective Date*. We will also refund any *Premium* you paid.

If we pay any claims for you before we process your request, we have the right to recover what we paid. We will reduce the *Premium* returned to you by the amount of the claims we paid.

If the amount we paid for your claims is more than the *Premium* you paid, you will not receive a *Premium* refund.

Notice to buyer

This *Plan* may not pay all of your medical expenses. See “What’s included in your *Plan*.”

Underwritten by:

UnitedHealthcare Insurance Company

Administrative office: 680 Blair Mill Road
Horsham, Pennsylvania 19044

Home office: Hartford, Connecticut

Claim mailing address: see your ID card

Issued to:

Sample A Sample
123 Any St
Somewhere, IL 60712

Membership #: 999999999-11

Effective Date: 02-01-2026

Keeping your coverage under this Plan

To keep your coverage in force, pay the *Premium* when it is due.

This coverage is guaranteed renewable which means that we can cancel it only if certain events happen. Any of these events gives us the right to cancel your coverage under this *Plan*:

1. You have not paid your *Premium* on time.
2. The *Group Policy* has ended. See “About this Plan” for more information about the *Group Policy*.
3. You misstated one or more *Material Facts* when you applied for this *Plan*. See “Effects of statements you made to us” for more information.

Caution: Please review the copy of your application that we returned to you. You made statements in your application that we relied upon when we issued this *Plan*. If any statement is incorrect or untrue, we have the right to void this coverage, adjust your *Premiums* or reduce benefits. If you think you have given us incorrect or incomplete information, you should contact us now, before you have a claim.

Limit on benefits for Pre-existing Conditions

We will not pay benefits for any stay that starts or medical care you receive for a *Pre-existing Condition* during the first 3 months after your *Effective Date*. See “Terms we use” for the definition of *Pre-existing Condition*.

This limit does not apply if mandated by state law, or if we receive your application before or during your open enrollment period. Your open enrollment period lasts 6 months and starts on the first day of the month in which you are both age 65 or older and enrolled in Medicare Part B.

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ABOUT THIS PLAN

Your coverage under this *Plan* is provided by UnitedHealthcare Insurance Company.

This *Plan*'s coverage is in addition to your *Medicare* benefits. It does not replace those benefits and will not duplicate those benefits. To learn more about your benefits, see "What's included in your Plan" and "What's not included in your Plan."

We have issued this *Certificate* under *Group Policy* number G-36000-4. We issued the *Group Policy* in the District of Columbia to the Trustees of the AARP Insurance Plan. It provides insurance for AARP members and is governed by the laws of the District of Columbia.

All benefits are subject to the *Group Policy*. The *Group Policy* refers to this *Certificate*. This *Certificate* is included and made a part of the *Group Policy* by this reference. You may review the *Group Policy* at the office of the Trustees of the AARP Insurance Plan. You must visit during normal business hours. This is the office's address:

601 E Street N.W.
Washington, DC 20049.

Who is eligible for this Plan

You are eligible to enroll in this *Plan* if these three statements are true.

1. You are an eligible member of AARP, or you are an eligible spouse of a member of AARP.
2. You are enrolled under both Part A and Part B of original *Medicare*.
3. Either:
 - a. You are enrolled in another Medicare supplement plan or in a Medicare Advantage plan or other Medicare Part C plan, and you will replace that plan with this *Plan*, or
 - b. You are not enrolled in another Medicare supplement plan or in a Medicare Advantage plan or other Medicare Part C plan.

When your Plan's coverage begins

If the required *Premium* is paid when it is due, your coverage under this *Plan* begins on the *Effective Date* shown on the first page of this *Certificate*.

Medicare Eligible Expenses must be incurred on or after your *Effective Date* in order to be paid under this *Plan*. Benefits will not be paid for any service or care that is received before your *Effective Date*.

See "What's included in your Plan" for additional requirements related to your *Plan* benefits.

Your Medicare coverage and this Plan

Because this *Plan* works with your *Medicare* benefits, we use the standards set by *Medicare* when we provide coverage under this *Plan*.

For example, *Medicare* sets certain standards for the kinds of expenses it will pay. In particular, *Medicare* requires your care to be "reasonable and medically necessary." In this *Certificate*, we call expenses that meet all of *Medicare's* standards for payment *Medicare Eligible Expenses*.

Medicare also sets standards for:

1. How much it will pay.
2. The deductibles, co-insurance, and co-payments that you will have to pay.
3. The amounts a health care provider can bill you above the deductibles, co-insurance, and co-payments you are required to pay.

If *Medicare* changes the amount you are required to pay for deductibles, co-payments and co-insurance, the benefits paid by this *Plan* will change. Your benefits will be based on the new amount *Medicare* requires you to pay for the *Part A Deductible*, *Part A Daily Co-insurance*, *Lifetime Reserve Daily Co-insurance*, *Part B Co-insurance*, and *Skilled Nursing Facility Daily Co-insurance*.

Benefits after your Plan's coverage ends

You may be entitled to have benefits continue under this *Plan* after your coverage ends. We will continue to pay benefits for any continuous loss which began while your coverage was in force if your coverage under this *Plan* ends during that continuous loss. You must be continuously *Totally Disabled* for a loss to be considered continuous.

Receiving Medicare Part D prescription drug benefits will not be considered in determining a continuous loss.

These extended benefits will be limited to either payment for the duration of this *Plan's* benefit period or payment of maximum benefits under this *Plan*, whichever is less. These benefits are subject to all other provisions set forth in this *Certificate*.

WHAT'S INCLUDED IN YOUR PLAN

We will only pay benefits as described in this *Certificate* for the following services:

1. *Hospital* stays
2. *Skilled Nursing Facility* stays
3. *Hospice Care*
4. Medicare Part B expenses (such as *Physician's* office visits, emergency room care, diagnostic tests, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, durable medical equipment)
5. Blood
6. Emergency care outside the United States

On the following pages, under each service, you will see a column on the left called “What Medicare requires you to pay.” This column explains the share of your health care costs that *Medicare* requires you to pay.

Things to remember about the information in this column:

- *Medicare* can change what it pays and what it asks you to pay, so this information could change.
- There may be costs that you incur, other than those listed, that *Medicare* does not cover.

On the following pages, under each service, you will see a column on the right called “What this Plan pays.” This column tells you what benefit you will receive from your *Plan* so that you know which costs this *Plan* will pay for you.

Benefits are subject to these requirements

Things to remember about the information in the “What this Plan pays” column:

- Payment of any benefit under this *Plan* is subject to all of the terms and conditions of this *Certificate*.
- For some services, more requirements must be met in order for benefits to be paid. If there are additional requirements for a service, they are explained in “This benefit has these added requirements” that follows the benefit description.
- We will pay only one type of benefit for any covered stay or service.

Please continue to the next page to see what's included in your *Plan*.

1. Hospital Stays – Medicare Part A

What Medicare requires you to pay

Part A of *Medicare* helps cover inpatient care received in a *Hospital*.

Each *Benefit Period*, *Medicare* requires you to share the cost of Part A *Medicare Eligible Expenses* for your inpatient *Hospital* stay in these ways:

1. You are responsible for a *Part A Deductible* the first time you are admitted to a *Hospital* in a *Benefit Period*.

➡
2. You are responsible for a *Part A Daily Co-insurance* from the 61st day through the 90th day of inpatient *Hospital* care in each *Benefit Period*.

➡
3. You are responsible for a *Lifetime Reserve Daily Co-insurance* when you use your 60 *Lifetime Reserve Days*.

➡
4. You are responsible for the cost of your inpatient *Hospital* care if you are eligible to use your *Lifetime Reserve Days* and you choose not to use them.

➡
5. You are responsible for the cost of your inpatient *Hospital* care if you have used up all of your *Lifetime Reserve Days*.

➡

What this Plan pays

This *Plan* helps you pay your share of the cost of an inpatient *Hospital* stay.

Here is what this *Plan* pays for Part A *Medicare Eligible Expenses* for your inpatient *Hospital* stay:

1. This *Plan* will pay your *Part A Deductible* for each *Benefit Period*.
2. This *Plan* will pay your *Part A Daily Co-insurance* from the 61st day through the 90th day of each *Benefit Period*.
3. This *Plan* will pay your *Lifetime Reserve Daily Co-insurance* while you are using your 60 *Lifetime Reserve Days*.
4. This *Plan* will **not** pay any benefits when you are eligible to use your *Lifetime Reserve Days* and you choose not to use them.
5. This *Plan* will pay your Part A *Medicare Eligible Expenses* for *Hospital* care if you use all your *Hospital* benefits under Part A, including all of your *Lifetime Reserve Days*. This benefit has a lifetime maximum of an additional 365 days. This benefit will be paid at the applicable *Medicare* prospective payment system rate, or another appropriate *Medicare* standard of payment. Your *Hospital* must accept our payment as payment in full. Your *Hospital* may not bill you for any balance.

This benefit has these added requirements

To receive these *Plan* benefits, your inpatient *Hospital* stay must start on or after your *Effective Date*. This requirement does not apply to you if your *Effective Date* is 6 months or less after the date you first enrolled in Part B of *Medicare*; however, we will not pay any benefits for any period of a *Hospital* stay that occurs prior to your *Effective Date*.

2. Skilled Nursing Facility Stays – Medicare Part A

What Medicare requires you to pay

Part A of *Medicare* helps cover skilled nursing care received in a *Skilled Nursing Facility* following a *Hospital* stay.

Each *Benefit Period*, *Medicare* requires you to share the cost of your *Skilled Nursing Facility* stay in these ways:

1. You are responsible for a *Skilled Nursing Facility Daily Co-insurance* from the 21st day through the 100th day of *Skilled Nursing Facility* care in each *Benefit Period*.
2. You are responsible for the cost of your *Skilled Nursing Facility* care beyond the 100th day in a *Benefit Period*.



What this Plan pays

This *Plan* helps you pay your share of the cost of a *Skilled Nursing Facility* stay.

Here is what this *Plan* pays for Part A *Medicare Eligible Expenses* for your *Skilled Nursing Facility* stay that follows a *Hospital* stay:

1. This *Plan* will pay the billed amount up to your *Skilled Nursing Facility Daily Co-insurance* from the 21st day through the 100th day of each *Benefit Period*.
2. This *Plan* will **not** pay any benefits for *Skilled Nursing Facility* care beyond the 100th day in a *Benefit Period*.

This benefit has these added requirements

To receive these *Plan* benefits, your *Skilled Nursing Facility* stay must follow a *Hospital* stay. Both the *Hospital* stay and the *Skilled Nursing Facility* stay must start on or after your *Effective Date*. The requirement that your *Hospital* stay must start on or after your *Effective Date* does not apply to you if your *Effective Date* is 6 months or less after the date you first enrolled in Part B of *Medicare*.

3. Hospice Care - Medicare Part A

What Medicare requires you to pay

Part A of *Medicare* helps cover *Hospice Care*, including support services for both the patient and caregivers. Part A of *Medicare* covers *Hospice Care* received at home and care received in a hospice outside the home.

Medicare requires you to share the cost of your *Hospice Care* in this way:

1. You are responsible for co-payments and co-insurance for certain Part A *Medicare* eligible *Hospice Care* and *Respite Care*.



What this Plan pays

This *Plan* helps you pay your share of the cost of *Hospice Care*.

Here is what this *Plan* pays for *Hospice Care*:

1. This *Plan* will pay all your *Medicare* co-payments and co-insurance for *Hospice Care* and *Respite Care*.

This benefit has these added requirements

To receive these *Plan* benefits, your care must be eligible for payment under Part A of *Medicare* and must be received on or after your *Effective Date*. Your *Physician* must certify that you are terminally ill.

4. Medical Services - Medicare Part B

What Medicare requires you to pay

Part B of *Medicare* helps cover medical services and care. This includes services like *Physician*’s office visits, emergency room care, diagnostic tests, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, and durable medical equipment. These are called Part B *Medicare Eligible Expenses*.

Medicare requires you to share the cost of your Part B *Medicare Eligible Expenses* in these ways:

- 1. You are responsible for a *Part B Deductible* each calendar year.
- 2. After the *Part B Deductible* has been met, you are responsible for a *Part B Co-insurance* for each covered service you receive. For *Hospital* outpatient department services paid under a prospective payment system, this amount is called a Part B co-payment amount.
- 3. If your provider does not accept *Medicare Assignment*, the provider may charge you *Part B Excess Charges* for *Medicare*-approved services. *Part B Excess Charges* are the difference between the *Medicare-approved Amount* and any charge limitation established by *Medicare* or state law.

What this Plan pays

This *Plan* helps you pay your share of the cost of Part B expenses.

Here is what this *Plan* pays for your Part B *Medicare Eligible Expenses*:

- 1. This *Plan* will **not** pay your *Part B Deductible* each calendar year.
- 2. This *Plan* will pay your *Part B Co-insurance* and your Part B co-payments.
- 3. This *Plan* will pay your *Part B Excess Charges*. No benefits are payable for services which are not covered by *Medicare*.

This benefit has these added requirements

Benefits will only be paid for charges that *Medicare* determines to be *Medicare Eligible Expenses*. To receive these *Plan* benefits, services must be received on or after your *Effective Date*.

5. Blood – Medicare Parts A and B

What Medicare requires you to pay

If you receive blood, *Medicare* does not cover the cost of the first three pints of blood you receive each calendar year.

Medicare requires you to share the cost of blood in this way:

1. You are responsible for the cost of the first three pints of blood you receive each calendar year under Part A and Part B of *Medicare*.



What this Plan pays

This *Plan* helps you pay your share of the cost of blood.

Here is what this *Plan* pays for blood:

1. This *Plan* will pay the reasonable cost of the first three pints of blood you receive each calendar year under Part A and Part B of *Medicare*. Or instead, we will pay the reasonable cost of equivalent quantities of packed red blood cells, as defined under federal laws.

This benefit has these added requirements

This *Plan* benefit will not be paid if the blood is replaced according to federal laws. To receive these *Plan* benefits, blood must be received on or after your *Effective Date*.

6. Emergency care outside the United States – Not covered by Medicare

What Medicare requires you to pay

Medicare usually does not cover care you receive outside the United States.

1. In most cases, you are responsible for the full cost of emergency care you receive outside the United States.



What this Plan pays

This *Plan* covers certain care if you have a *Medical Emergency* while you are on a *Trip* outside the United States.

Here is what this *Plan* pays for emergency care outside the United States:

1. You are responsible for a \$250 deductible each calendar year. After the deductible is met, this *Plan* will pay 80% of the billed charges for hospital, physician and medical care that would have qualified as *Medicare Eligible Expenses* if they had been received in the United States.

This benefit has these added requirements

Benefits will be paid only if the care is due to a *Medical Emergency*. Also, benefits will be paid only if the care is not covered by *Medicare*, but would have been covered by *Medicare* if it had been received in the United States. You are responsible for a deductible of \$250 each calendar year. This means you must pay the first \$250 of your expenses each calendar year for care received in a foreign country due to a *Medical Emergency*. Benefits will be paid up to a lifetime maximum benefit of \$50,000 for *Medical Emergency* care received outside of the United States. Benefits will be paid only if the *Medical Emergency* care is received on or after your *Effective Date*.

To receive these *Plan* benefits, your care must begin within the first 60 consecutive days of your *Trip* outside the United States. You must provide us with an itemized bill for your care. You must also provide us with any necessary and relevant medical records that we request. We will pay these benefits in United States currency. We will calculate the amount of our payment using the bank transfer exchange rate in effect on the day we process your claim for payment.

WHAT'S NOT INCLUDED IN YOUR PLAN

This *Plan* does not cover all medical expenses. The following exclusions apply to your coverage under this *Plan*.

Benefits provided under Medicare

We will not pay benefits under this *Plan* that duplicate benefits provided by *Medicare*. We will not pay benefits for stays, care or services for which *Medicare* would have paid benefits if a claim had been submitted.

Benefits provided under a Medicare Advantage Plan

This *Plan* does not pay benefits to supplement a Medicare Advantage Plan or other Medicare Part C plan. This means your *Plan* does not pay benefits for deductibles, co-payments, or other cost-sharing under a Medicare Advantage Plan or other Medicare Part C plan.

Care not meeting Medicare's standards

We will not pay benefits for stays, care or services that do not meet *Medicare's* standards, unless otherwise stated in this *Certificate*.

Care for which you have no obligation to pay

We will not pay benefits for any stays, care or services for which you are not legally obligated to pay. We will not pay benefits for stays, care or services for which you would not be charged if you did not have insurance.

Care you receive at a government Hospital

We will not pay benefits for any stays, care or services provided by a hospital or other institution which is owned or operated by any government unless payment is required by law.

Injury or sickness for which you are entitled to workers' compensation benefits

We will not pay benefits for any *Injury* or *Sickness* for which you are entitled to receive benefits under workers' compensation or any similar law.

Benefits provided under another policy

If you are replacing another Medicare supplement policy with this *Plan*, you may still be eligible for benefits under the prior policy in certain cases. We will not pay benefits for any stay or care which is covered under the prior policy.

Charges in excess of Medicare Eligible Expenses

We will not pay benefits for that part of an expense that is greater than the *Medicare Eligible Expense*, except as stated for *Part B Excess Charges* in "Medical Services - Medicare Part B."

YOUR PREMIUMS

To be covered under this *Plan*, you must pay your first *Premium*. To maintain your coverage under this *Plan*, you must pay your *Premium* when it is due. If you do not pay your *Premium* when due, we have the right to cancel your coverage under this *Plan*.

Grace Period for paying Premiums

After you pay your first *Premium*, you have a 31-day *Grace Period* to pay each following *Premium*.

Your coverage under this *Plan* will stay in force until the end of the applicable *Grace Period*. You are responsible for paying the *Premium* for your *Plan* during the *Grace Period*.

This *Grace Period* will not apply if we issue another AARP Medicare supplement plan to replace this *Plan*. In that case, coverage under this *Plan* will stop on the *Effective Date* of your new coverage.

Changes in your Premium

We have the right to change the amount of your *Premium*. However, we will not make any change that affects only you. We will apply any change we make to everyone with this *Plan* who resides in your state at that time and who is in a situation similar to yours with respect to age, health conditions, tobacco use or other factors we consider when we determine *Premiums*.

What happens if you move?

If you change your *Primary Residence*, we may adjust your *Premium*. Your new *Premium* will be the *Premium* we are then charging for this *Plan* in the state where your new *Primary Residence* is located. Your new *Premium* will be the same as everyone who is in a situation similar to yours with respect to age, health conditions, tobacco use or other factors we consider when we determine *Premiums*.

HOW YOUR PLAN WORKS

How to file a claim

Please show your insurance card to your health care provider when you receive services. We sent you information about how to file claims after you enrolled. Please follow those instructions when you file claims.

Evidence of claims

We pay benefits on a covered claim when we have received *Proof of Loss*.

Time limit for submitting claims

You must provide *Proof of Loss* not later than 15 months from the date of the stay, service or care that is the basis for your claim. If you do not meet this time limit, we will not pay benefits on that claim. This time limit for furnishing *Proof of Loss* does not apply if you are not legally capable of providing the *Proof of Loss*.

Who we pay benefits to

We will pay benefits directly to the provider who provided the care for which benefits are payable when your *Medicare* or your *Plan* benefits are assigned. If benefits are not assigned they will be paid to you, unless the law requires us to do otherwise.

Benefits after your death or incapacity

We may pay your benefits as described below when they are payable under this *Plan* and one of the following things has happened:

1. You have died.
2. You are not able to give a valid release.

In this situation, we may pay a benefit up to \$3,000 to any relative of yours that we decide is justly entitled to it. If we pay this benefit, our payment to your relative in good faith will fully release us of our responsibility to the extent of the payment.

Time of Payment of Claims

We will pay all plan benefits due to you within 30 days of receipt of your *Proof of Loss*. If we do not pay your valid claim within 30 days:

1. We will pay you 9% interest per year from the 30th day after receipt of your *Proof of Loss* to the date of the late claim payment.
2. Interest payments will be made within 30 days after the claim payment.
3. No interest will be paid if it is less than one dollar.

We will notify you within 30 days of receipt of your claim if more information is needed to complete your *Proof of Loss*.

Physical Examinations

We have the right to examine you physically, at our expense, while your claim is pending.

Your duty to cooperate

We expect you to cooperate with us when we are determining your coverage or handling your claims. Your failure to help us may result in this *Plan* being made void or your claims being denied.

Here are some examples of what we may need your help with:

- We may need you to provide information or documents to us to determine if benefits should be paid.
- We may need you to provide information or documents to us to determine if this *Plan* has been appropriately issued to you.
- We may need your help in getting information we need from your provider.

Changes in your benefits when Medicare is secondary

If you have other health insurance, it may be considered your primary coverage, which means it will pay benefits first. In such case, *Medicare* would be your secondary coverage.

If *Medicare* is your secondary coverage, *Medicare* benefits will be paid after your primary coverage pays. In that case, we will pay benefits under this *Plan* based on *Medicare's* reduced benefits.

Your combined benefits from your primary and secondary coverage plus benefits paid under this *Plan* will not exceed the total *Medicare Eligible Expense* for the service or item.

More than one certificate

You can only be covered under one Medicare supplement plan at any one time. This *Certificate* replaces any certificate that we issued to you before under the *Group Policy*.

Entire contract

This *Certificate*, any riders which may be issued or attached, your application, and the *Group Policy* make up the entire contract.

CHANGES TO YOUR PLAN

You have the right to request changes that affect this *Plan*. We have the right to approve or reject your request for changes.

If we do approve your request, the change will be effective on the first day of the month following the date we receive your request.

Converting this Plan to an individual policy

If the *Group Policy* ends, your coverage under this *Plan* will stop. In that case you will be offered other Medicare supplement coverage which will be either coverage from an insurance carrier named by the Trustees of the AARP Insurance Plan, or an individual policy issued by us.

If the *Group Policy* ends and an insurance carrier is not named, we will notify you that you have the right to convert to an individual policy. You must apply for this individual policy, and pay the first premium, within 31 days after the later of these two dates:

1. The date you receive our notice of your conversion rights.
2. The date your coverage under this *Plan* stops.

Changing AARP coverage

If, on your *Effective Date*, you have changed to this *Plan* from any other AARP health coverage issued by us (the prior coverage), no benefits will be paid under this *Plan* to the extent that benefits are payable under your prior coverage.

Suspending and reinstating your Plan

At certain times, you have the right to suspend your coverage and *Premium* under this *Plan* for certain periods of time. This section describes those rights and how they work.

Disabled persons covered under group health plans

If you are under age 65, and you are entitled to benefits under *Medicare* Part A because you are disabled, you have the right to ask us to suspend your coverage and *Premium* under this *Plan* while you are covered by a group health plan. We will suspend your coverage and *Premium* for no longer than the period of time provided by federal law.

If this *Plan* is suspended and you later lose your coverage under the group health plan, we will reinstate this *Plan*, if it is available. If it is not available, we will offer other Medicare supplement coverage which provides substantially equivalent benefits.

Persons entitled to Medicaid

You have the right to ask us to suspend your coverage and *Premium* under this *Plan* while you are entitled to benefits under *Medicaid*. We will suspend your coverage and *Premium* for up to 24 months.

You must ask us to suspend your coverage and *Premium* within 90 days after you become eligible for *Medicaid*.

If this *Plan* is suspended and you later lose your entitlement to *Medicaid*, you have the right to ask us to reinstate this *Plan*, if it is available. If it is not available, we will offer other Medicare supplement coverage which provides substantially equivalent benefits.

Reinstating your Plan

If your *Plan* is suspended as stated above, and you lose your group health plan coverage or your *Medicaid* entitlement during the suspension, you may reinstate your *Plan*. Your *Plan* will be reinstated as of the date you lose your group health plan coverage or your *Medicaid* entitlement. To be reinstated, you must notify us within 90 days after the date you have lost your group health plan coverage or your *Medicaid* entitlement and pay all *Premiums* for the 90-day period.

If your *Plan* is reinstated, we will not require any new waiting period for *Pre-existing Conditions*. For rate purposes, we will keep you grouped in the same rating class.

DISPUTES AND LEGAL ACTIONS

Legal actions

You cannot bring any action at law or in equity for any benefits under the *Group Policy* until 60 days after you have filed written *Proof of Loss*.

You cannot bring any action at law or in equity once three years have passed from the date you were required to provide *Proof of Loss*.

Our right to recover claim payments

If we make a payment that is not required under this *Plan*, we have the right to recover the amount of that payment.

We can recover the payment from any of the following:

1. Any person to whom the payment was made.
2. You, or any other person for whom the payment was made.
3. Any insurance company.
4. Any other organization or person.

Conformity with state statutes

If any provision in this *Certificate*, on its *Effective Date*, conflicts with the laws of the state in which it is delivered, this *Certificate* is amended to meet the minimum requirements of such laws.

Subrogation

If you are injured, and we pay benefits relating to your *Injury*, we have certain rights to recover the benefits we paid from any person or entity who may be responsible for your *Injury*. These rights are called rights to subrogation. These rights are subject to your having been made whole.

When we pay benefits, we will be subrogated, to the extent of the payments we made, to all of your rights of recovery against any person or entity who may be responsible for your injuries. These rights apply even if you settle a claim. They apply whether or not a lawsuit has begun.

You agree to do these things if we pursue our rights under this section:

1. You will cooperate with us or anyone we designate.
2. You will provide all information we need to help protect our legal rights under this section.
3. You will promptly notify us before you sign any settlement agreement, waiver, release of liability or other documents. If you do not notify us as required, these documents will not be binding against us.

EFFECTS OF STATEMENTS YOU MADE TO US

On your application for this *Plan*, you have stated certain *Material Facts* to us. We have relied on your statements to issue this *Plan* and to decide what *Premium* to charge you. We deem these statements to be representations and not warranties.

Our rights to take certain actions

If you misstated any *Material Fact*, we have certain rights:

1. We have the right to void this *Plan* if you misstated any *Material Fact* and we would not have issued this coverage if the *Material Fact* had been correctly stated. This means your *Plan* will be treated as if it had never been issued.

If we void this *Plan* for this reason, we will refund all *Premiums* you paid, less the amount we have paid for your claims under this *Plan*.

2. We have the right to adjust your *Premium* if you have misstated any *Material Fact* and we would have charged you a different *Premium* if the *Material Fact* had been correctly stated.

If we adjust your *Premium* for this reason, you are responsible for the payment of corrected *Premiums* from your *Effective Date*. In addition to our other rights, we have the right to offset against any claim payments otherwise payable under this *Plan* to recover the amount of *Premiums* owed by you but not paid as the result of your misstatement.

Limit on our rights

Your statements will not be used as a basis to void your insurance, adjust your *Premiums* or reduce your benefits unless all of the following are true:

1. Your statement is in writing and signed by you.
2. We have furnished a copy of the statement to you or your legal representative.
3. Your insurance has been in force, prior to the contest, less than two years. This two-year limitation does not apply if your statements were fraudulent misstatements.

TERMS WE USE

Benefit Period means a period of time that is used to determine *Medicare* Part A benefits. It begins the day you enter a *Hospital* for inpatient care and ends when you have been out of the *Hospital* and have not received skilled care in any other facility for 60 days in a row.

Certificate means this document. It represents AARP Medicare Supplement Plan G Certificate of Insurance issued under Group Policy No. G-36000-4 to the person who is named on the first page of this *Certificate*.

Effective Date means the date your *Plan* takes effect. It is shown on the first page of this *Certificate*.

Grace Period means the 31 days following the monthly due date for your *Premium*.

Group Policy means the group policy issued by us to the Trustees of the AARP Insurance Plan in the District of Columbia. It is identified by policy number G-36000-4.

Hospice Care means care for those who are terminally ill. *Hospice Care* typically focuses on comfort (controlling symptoms and managing pain) rather than seeking a cure.

Hospital means an institution that provides hospital care and is approved for payment by *Medicare* as a hospital.

Injury means a bodily injury which is the direct result of an accident, independent of disease or illness.

Lifetime Reserve Daily Co-insurance means the cost-sharing amount Medicare requires you to pay each day while you are using your *Lifetime Reserve Days*.

Lifetime Reserve Days means the lifetime reserve of 60 days you have for *Medicare* Part A inpatient *Hospital* care. You can use these days whenever you need more than 90 days of inpatient *Hospital* care in a *Benefit Period*. These 60 days can only be used once during your lifetime.

Material Facts are certain facts about your age, eligibility, health conditions, tobacco use and other information that you give us when you apply. We use these facts to decide whether to issue your coverage and how much *Premium* you will be charged.

Medicaid means a program of medical assistance for the poor and indigent, established under Title XIX of the Social Security Act.

Medical Emergency means both of the following are true:

1. You experience the sudden and unexpected onset of symptoms, a condition, a *Sickness*, or an *Injury*.
2. Your symptoms, condition, *Sickness* or *Injury* could carry substantial risk of serious medical complication or permanent damage to you if you do not receive care or services.

We will use appropriate United States medical standards in deciding whether your situation meets this definition.

Medicare means the health insurance program established by Title XVIII, United States, Social Security Act, as amended by 42 U.S.C. Sections 1395, et seq., and as later amended. *Medicare* is administered by the Centers for Medicare and Medicaid Services. Part A helps with *Hospital* costs and skilled nursing care. Part B helps with *Physician's* care and outpatient services.

Medicare-approved Amount means the amount *Medicare* determines is reasonable for a covered medical service.

Medicare Assignment means the provider agrees to accept the *Medicare-approved Amount* as full payment.

Medicare Eligible Expenses mean expenses of the kinds covered by *Medicare* Parts A and B. The expenses must be reasonable and medically necessary according to *Medicare's* standards for payment.

Part A Daily Co-insurance means the cost-sharing amount *Medicare* requires you to pay each day from the 61st day through the 90th day of inpatient *Hospital* care in each *Benefit Period*.

Part A Deductible means the amount you are responsible to pay the first time you are admitted to a *Hospital* in each *Benefit Period*.

Part B Co-insurance means the amount you are responsible to pay for each covered service you receive under *Medicare* Part B after the *Part B Deductible* has been met. For *Hospital* outpatient department services paid under the prospective payment system, this amount is called a Part B co-payment amount.

Part B Deductible means the amount you are responsible for each calendar year toward Part B *Medicare Eligible Expenses*.

Part B Excess Charges means the amount a provider who does not accept *Medicare Assignment* is legally permitted to charge you above the *Medicare-approved Amount*.

Physician means a licensed practitioner of the healing arts who is acting within the scope of his or her license.

Plan means your coverage provided under this AARP Medicare Supplement Plan G Certificate of Insurance.

Pre-existing Condition means a condition for which one of these things happened within 3 months before your *Effective Date*:

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

Premium means the monthly payment you are required to make to us for coverage under this *Plan*.

Primary Residence means the mailing address for your dwelling in the state where you reside for federal income tax purposes.

Proof of Loss means information we need to document and process your claim. For *Medicare Eligible Expenses*, *Proof of Loss* includes a statement from the *Medicare* carrier that shows us the *Medicare Eligible Expenses*.

Respite Care means short-term inpatient care to relieve family members caring for you.

Sickness means an illness or disease.

Skilled Nursing Facility means a facility that provides skilled nursing care and is approved for payment by *Medicare* as a skilled nursing facility.

Skilled Nursing Facility Daily Co-insurance means the amount you are responsible to pay each day from the 21st day through the 100th day of *Skilled Nursing Facility* care in each *Benefit Period*.

Totally Disabled means you are confined under a *Physician's* orders in an institution or at home for medical care or treatment and you are unable to engage in the normal and customary activities of a person of the same age and sex in reasonably good health.

Trip means a period of time beginning the day you leave the United States and ending the day you return.

CERTIFICATE RIDER

UnitedHealthcare Insurance Company

This Certificate Rider should be attached to your AARP Medicare Supplement Certificate of Insurance, which was issued under Group Policy Number G-36000-4.

This rider makes certain benefits simpler and easier to obtain by removing a previous requirement. The requirement for a Hospital or Skilled Nursing Facility stay to begin on or after the Effective Date of your Certificate in order to receive benefits no longer applies. With this rider, benefits are considered for any part of a Hospital or Skilled Nursing Facility stay that takes place on or after your Effective Date.

Effective Date of Rider: Effective date of your Certificate.

Your Certificate is modified as follows:

1. The “This benefit has these added requirements” section, under the “**Hospital Stays – Medicare Part A**” provision, is replaced by the following:

This benefit has these added requirements

We will not pay any benefits for any period of a *Hospital* stay that occurs prior to your *Effective Date*.

2. The “This benefit has these added requirements” section, under the “**Skilled Nursing Facility Stays – Medicare Part A**” provision, is replaced by the following:

This benefit has these added requirements

We will not pay any benefits for any period of a *Skilled Nursing Facility* stay that occurs prior to your *Effective Date*.

This Rider is subject to all of the provisions, definitions, exclusions and limitations of your Certificate to which this Certificate Rider attaches, except as modified herein. This Rider will stay in effect only as long as you remain covered under your certificate of insurance issued by UnitedHealthcare Insurance Company.

UNITEDHEALTHCARE INSURANCE COMPANY

CRA 1869

Remember, you have up to 30 days to review this coverage.

Please review the important details below.

Sometimes, people change their minds. UnitedHealthcare understands. You have up to 30 days to review this coverage and decide if you want this plan.

It is important to know:

- You have the right to review this coverage for 30 days.
- If you decide the plan is not right for you, return the Certificate of Insurance (found in Section 3: Important Plan Information) for a refund.
- UnitedHealthcare reserves the right to recover the amount of any claims paid during this period, and any refund will be reduced by that amount.

Please see your Certificate of Insurance for specific information on the plan you selected.

If you decide you do not want this plan, within 30 days after you receive your Certificate of Insurance, you must do one of these two things:

1. Call UnitedHealthcare Customer Service at the phone number shown on your health insurance card or at **1-800-523-5800** (para español: **1-800-822-0246**), and ask us to void your plan,

OR

2. Send your request to the Administrative office at:

**600 Office Center Drive, Suite 200
Fort Washington, PA 19034**

IMPORTANT INFORMATION REGARDING YOUR COVERAGE

IMPORTANT INFORMATION

The pre-existing condition limitation period has been eliminated from your Plan. **Please disregard the wording relating to this limitation in your Certificate. Be assured, it does not apply to you.** Your coverage will begin immediately for any covered stay or service, including those related to a pre-existing condition, provided that the stay or service begins on or after the effective date shown on your Certificate.

SA3711E

ATTENTION MOVERS!

If you are moving, remember your insurance coverage moves with you!* Plan rates and discounts vary by location; your premium will be based on your new area of residence. The way premiums are determined may be different if you move to a new state. Just make sure to keep your plan(s) in force by paying the required monthly premium when due.

Call toll free at 1-800-523-5800 and speak to a customer service representative to report your upcoming move and find out about any change to your rate.

*While AARP Medicare Select Plans may not be available in every state, comparable AARP Medicare Supplement Plans are always available.

SA4342G

Please file this notice with your Certificate of Coverage

IMPORTANT INFORMATION REGARDING CHANGES IN YOUR COVERAGE

If you make a change such as a coverage cancellation request or you move, the change will take effect the first day of the month following the date of your notification. Changes requiring completion of a new application (such as enrolling in an underwritten plan) become effective the first day of the month following the date your enrollment is accepted.

SA4147B

No Increase in Your Rate for Twelve (12) Months Guaranteed!

The rate you pay for your Medicare supplement plan is guaranteed for twelve (12) months from your effective date, provided your address or effective date doesn't change.

Should you have any questions, please feel free to contact a UnitedHealthcare customer service representative at **1-800-523-5800**, weekdays from 7 a.m. to 11 p.m. and Saturdays from 9 a.m. to 5 p.m., Eastern Time.

SA52600

NOTICE OF PROTECTION PROVIDED BY ILLINOIS LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION

This notice provides a **brief summary** description of the Illinois Life and Health Insurance Guaranty Association ("the Association") and the protection it provides for policyholders. This safety net was created under Illinois law, which determines who and what is covered and the amounts of coverage.

The Association was established to provide protection in the unlikely event that your member life, annuity, health maintenance organization or health insurance company becomes financially unable to meet its obligations and is placed into Receivership by the Insurance Department of the state in which the company is domiciled. If this should happen, the Association will typically arrange to continue coverage, pay claims, or otherwise provide protection in accordance with Illinois law, with funding from assessments paid by other insurance companies and health maintenance organizations.

The basic protections provided by the Association per insured in each insolvency are:

- Life Insurance
 - \$300,000 for death benefits
 - \$100,000 for cash surrender or withdrawal values
- Health Insurance
 - \$500,000 for health benefit plans*
 - \$300,000 for disability insurance benefits
 - \$300,000 for long-term care insurance benefits
 - \$100,000 for other types of health insurance benefits
- Annuities
 - \$250,000 for withdrawal and cash values

*The maximum amount of protection for each individual, regardless of the number of policies or contracts, is \$300,000, except special rules apply with regard to health benefit plan benefits for which the maximum amount of protection is \$500,000.

Note: Certain policies and contracts may not be covered or fully covered. For example, coverage does not extend to any portion of a policy or contract that the insurer does not guarantee, such as certain investment additions to the account value of a variable life insurance policy or a variable annuity contract. There are also residency requirements and other limitations under Illinois law.

To learn more about these protections, as well as protections relating to group contracts or retirement plans, please visit the Association's website at www.ilhiga.org or contact:

Illinois Life and Health Insurance Guaranty Association
901 Warrenville Road, Suite 400
Lisle, Illinois 60532-4324

Illinois Department of Insurance
4th Floor
320 West Washington Street
Springfield, Illinois 62767

Insurance companies, health maintenance organizations and agents are not allowed by Illinois law to use the existence of the Association or its coverage to encourage you to purchase any form of insurance. When selecting an insurance company or health maintenance organization, you should not rely on Association coverage. If there is any inconsistency between this notice and Illinois law, then Illinois law will control.

The Association is not an insurance company or health maintenance organization. If you wish to contact your insurance company or health maintenance organization, please use the phone number found in your policy or contact the Illinois Department of Insurance at DOI.InfoDesk@illinois.gov.

How to file a claim: Enjoy the ease of our no-paperwork claim filing.

Taking care of your medical bills is easy with an AARP® Medicare Supplement Plan, from UnitedHealthcare.

Generally, when you receive medical care, your doctors and hospitals file Medicare claims for you. Then your AARP Medicare Supplement Plan pays your doctor directly if you've assigned the claim. Medicare sends an Explanation of Medicare Benefits (EOMB) to you and you'll also receive an Explanation of Benefits (EOB) from UnitedHealthcare.

Claim filing is easier than ever because at UnitedHealthcare, we use Automatic Claim Filing (ACF) for claims processed by your Medicare Part B carrier. That means when you see your doctor, your Medicare Part B claims are automatically sent to UnitedHealthcare.

Here's how it works:

For Part B Eligible Expenses

1. Medicare sends you an Explanation of Medicare Benefits (EOMB), showing their Part B eligible expenses. **Do not** send these to UnitedHealthcare.
2. A message at the bottom of your EOMB tells you that your claim information was forwarded to your insurer.
3. UnitedHealthcare will send you an Explanation of Benefits to explain what action was taken on your claim.

If there's no message on your EOMB and the services are for outpatient hospital services billed from a facility and you've assigned the claim, the facility should submit the claim to UnitedHealthcare. If the claim is not submitted by the facility, mail your claim to UnitedHealthcare at the address to the right.

For Non-Part B Expenses

For claims other than those that are Part B eligible (for example, if you are in a hospital), the facility will generally send the claims to UnitedHealthcare. If not, please include your name, address, and insured membership number on all of the documents you're filing. You can find your membership number on your health insurance card and at the front of this package. Mail your claims to:

UnitedHealthcare
Claim Division
PO BOX 1878
Southampton, PA 18966-9998

If you have any questions or need specific claim filing instructions, please call UnitedHealthcare toll-free at **1-800-523-5800** (para español: **1-800-822-0246**), TTY 711.

AARP established the AARP Insurance Plan, a trust, to hold the master group insurance policies. The plans are insured by UnitedHealthcare Insurance Company and affiliates (collectively "UnitedHealthcare"), not by AARP or its affiliates. Please contact UnitedHealthcare if you have questions about your policy, including any limitations and exclusions.

Premiums are collected from you by the Trust. These premiums are paid to the insurance company for your insurance coverage, a percentage is used to pay expenses, benefiting the insureds, and incurred by the Trust in connection with the insurance programs. At the direction of UnitedHealthcare, a portion of the premium is paid as a royalty to AARP and used for the general purposes of AARP. Income earned from the investment of premiums while on deposit with the Trust is paid to AARP and used for the general purposes of AARP.

Participants are issued certificates of insurance by UnitedHealthcare under the master group insurance policy. The benefits of participating in an insurance program carrying the AARP name are solely the right to receive the insurance coverage and ancillary services provided by the program.

Understanding Your Explanation of Benefits (EOB)

What is an EOB?

When a claim is submitted because you've seen a provider such as a doctor or you've gone to the hospital, UnitedHealthcare mails you an EOB. It shows the health care services received and how these claims were considered under your plan.

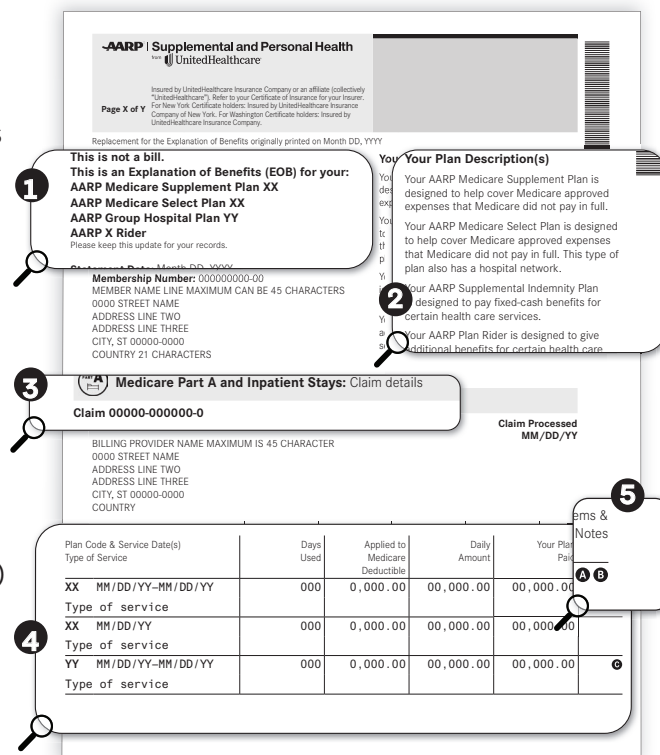
If you are a new insured member or if claims haven't been submitted yet, you may not have received an EOB before. Generally, if you are receiving medical services, you will get an EOB about every 90 days. EOBs can also be reviewed electronically in your **myAARPMedicare.com** account.

Key parts of an EOB to know

- 1 **A summary** of your plan(s)
- 2 **A brief description** of the benefits your plan offers
- 3 **Sections** that organize your claims by category. Depending on your plan type and claims submitted, your EOB may have up to six sections:

- | | |
|--|---|
|  Medicare Part A and Inpatient Stays |  Medical Services |
|  Medicare Part B Services |  Prescription Drugs |
|  Inpatient/Outpatient Facility Services |  Important—Please Read |

- 4 **Claim information tables** that show what your plan(s) paid. Although these tables differ from section to section, each shows the services you've received and the amount charged per service. You'll see what Medicare pays and what your plan(s) paid.
- 5 **An Items & Notes column** to help you relate comments to a specific charge or service.



1 This is not a bill. This is an Explanation of Benefits (EOB) for you: AARP Medicare Supplement Plan XX, AARP Group Hospital Plan YY, AARP X Rider. Please keep this update for your records.

2 Your Plan Description(s): Your AARP Medicare Supplement Plan is designed to help cover Medicare approved expenses that Medicare did not pay in full. Your AARP Medicare Select Plan is designed to help cover Medicare approved expenses that Medicare did not pay in full. This type of plan also has a hospital network. Your AARP Supplemental Indemnity Plan is designed to pay fixed-cash benefits for certain health care services. Your AARP Plan Rider is designed to give additional benefits for certain health care services.

3 Medicare Part A and Inpatient Stays: Claim details. Claim 00000-00000-0. Claim Processed MM/DD/YY.

4 Claim information table:

Plan Code & Service Date(s) Type of Service	Days Used	Applied to Medicare Deductible	Daily Amount	Your Plan Paid	Items & Notes
XX MM/DD/YY-MM/DD/YY Type of service	000	0,000.00	00,000.00	00,000.00	A B C
XX MM/DD/YY Type of service	000	0,000.00	00,000.00	00,000.00	
YY MM/DD/YY-MM/DD/YY Type of service	000	0,000.00	00,000.00	00,000.00	

5 Items & Notes column.

What you should do with your EOB

- **Compare it to any recent medical statements** you've received from Medicare, other insurers, or health care providers.
- **File it with your other health paperwork**, in case you need to reference it later. Remember, you can also view EOBs online at **myAARPMedicare.com**.
- **Contact UnitedHealthcare Customer Service if you have questions.** Visit **myAARPMedicare.com** to start a live chat with an agent or call **1-800-523-5800** (para español: **1-800-822-0246**). TTY users, call **711**.

Section 2

Plan Forms and More

This section includes helpful forms and any applicable terms and conditions or disclaimers you should review and file.

HEALTH PLAN NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

Effective January 1, 2026

We¹ are required by law to protect the privacy of your health information. We are also required to provide you this notice, which explains how we may use information about you and when we can give out or "disclose" that information to others. You also have rights regarding your health information that are described in this notice. We are required by law to abide by the terms of this notice.

The terms "information" or "health information" in this notice include information we maintain that reasonably can be used to identify you and that relates to your physical or mental health condition, the provision of health care to you, or the payment for such health care. We will comply with the requirements of applicable privacy laws related to notifying you in the event of a breach of your health information.

We have the right to change our privacy practices and the terms of this notice. If we make a material change to our privacy practices, we will provide to you, in our next annual distribution, either a revised notice or information about the material change and how to obtain a revised notice. We will provide you with this information either by direct mail or electronically, in accordance with applicable law. In all cases, if we maintain a website for your particular health plan, we will post the revised notice on your health plan website. We reserve the right to make any revised notice effective for information we already have and for information that we receive in the future.

UnitedHealth Group collects and maintains oral, written, and electronic information to administer our business and to provide products, services, and information of importance to our enrollees. We maintain physical, electronic, and procedural security safeguards in the handling and maintenance of our enrollees' information, in accordance with applicable state and federal standards, to protect against risks such as loss, destruction, or misuse.

How We Collect, Use, and Disclose Information

We collect, use, and disclose your health information to provide that information:

- To you or someone who has the legal right to act for you (your personal representative) in order to administer your rights as described in this notice; and
- To the Secretary of the Department of Health and Human Services, if necessary, to confirm we are meeting our privacy obligations.

We may collect, use, and disclose health information for your treatment, to pay for your health care, and to operate our business. For example, we may collect, use, and disclose your health information:

- **For Payment** of premiums owed to us, to determine your health care coverage, and to process claims for health care services you receive, including for coordination of other benefits you may have. For example, we may tell a doctor whether you are eligible for coverage for certain medical procedures and what percentage of the bill may be covered.
- **For Treatment**, including to aid in your treatment or the coordination of your care. For example, we may share information with doctors to help them provide medical care to you.

For Health Care Operations as necessary to operate and manage our business activities related to providing and managing your health care coverage. For example, we might talk to your physician to suggest a disease management or wellness program that could help improve your health or we may analyze data to determine how we can improve our services. We may also de-identify health information in accordance with applicable laws.

- **To Provide You Information on Health-Related Programs or Products** such as alternative medical treatments and programs or about health-related products and services, subject to limits imposed by law.
- **For Plan Sponsors**, if your coverage is through an employer sponsored group health plan. We may share summary health information and enrollment and disenrollment information with the plan sponsor. We also may share other health information with the plan sponsor for plan administration purposes if the plan sponsor agrees to special restrictions on its use and disclosure of the information in accordance with federal law.
- **For Underwriting Purposes**; however, we will not use or disclose your genetic information for such purposes. For example, we may use some health information, such as age and gender, in risk rating and pricing, as permitted by state and federal regulations. However, we do not use race, ethnicity, language, gender identity, or sexual orientation information in our underwriting process, or for denial of services, coverage, and benefits.
- **For Reminders**, we may collect, use, and disclose health information to send you reminders about your benefits or care, such as appointment reminders with providers who provide medical care to you.
- **For Communications to You** about treatment, payment, or health care operations using telephone numbers or email addresses you provide to us.

We may collect, use, and disclose your health information for the following purposes under limited circumstances and subject to certain requirements:

- **As Required by Law** to follow the laws that apply to us.
- **To Persons Involved with Your Care** or who help pay for your care, such as a family member, when you are incapacitated or in an emergency, or when you agree or fail to object when given the opportunity. If you are unavailable or unable to object, we will use our best judgment to decide if the disclosure is in your best interest. Special rules apply regarding when we may disclose health information about a deceased individual to family members and others. We may disclose health information to any persons involved, prior to the death, in the care or payment for care of a deceased individual, unless we are aware that doing so would be inconsistent with a preference previously expressed by the deceased.
- **For Public Health Activities** such as reporting or preventing disease outbreaks to a public health authority. We may also disclose your information to the Food and Drug Administration (FDA) or persons under the jurisdiction of the FDA for purposes related to safety or quality issues, adverse events, or to facilitate drug recalls.
- **For Reporting Victims of Abuse, Neglect, or Domestic Violence** to government authorities that are authorized by law to receive such information, including a social service or protective service agency.
- **For Health Oversight Activities** to a health oversight agency for activities authorized by law, such as licensure, governmental audits, and fraud and abuse investigations.
- **For Judicial or Administrative Proceedings** such as in response to a court order, search warrant or subpoena.
- **For Law Enforcement Purposes** to a law enforcement official for purposes such as providing limited information to locate a missing person or report a crime.
- **To Avoid a Serious Threat to Health or Safety** to you, another person, or the public, by, for example, disclosing information to public health agencies or law enforcement authorities, or in the event of an emergency or natural disaster.
- **For Specialized Government Functions** such as military and veteran activities, national security and intelligence activities, and the protective services for the President and others.
- **For Workers' Compensation** as authorized by, or to the extent necessary to comply with, state workers compensation laws that govern job-related injuries or illness.

- **For Research Purposes** such as research related to the evaluation of certain treatments or the prevention of disease or disability, if the research study meets federal privacy law requirements, or for certain activities related to preparing a research study.
- **To Provide Information Regarding Decedents** to a coroner or medical examiner to identify a deceased person, determine a cause of death, or as authorized by law. We may also use and disclose information to funeral directors as necessary to carry out their duties.
- **For Organ Donation Purposes** to entities that handle procurement, banking or transplantation of organs, eyes, or tissue to facilitate donation and transplantation.
- **To Correctional Institutions or Law Enforcement Officials** if you are an inmate of a correctional institution or under the custody of a law enforcement official, but only if necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.
- **To Business Associates** that perform functions or services on our behalf if the information is necessary for such functions or services. Our business associates are required, under contract with us and pursuant to federal law, to protect the privacy of your information.
- **Additional Restrictions on Use and Disclosure.** Some federal and state laws may require special privacy protections that restrict the use and disclosure of certain sensitive health information, including:
 1. Alcohol and Substance Use Disorder
 2. Biometric
 3. Child or Adult Abuse or Neglect, including Sexual Assault
 4. Communicable Diseases
 5. Genetic
 6. HIV/AIDS
 7. Mental Health
 8. Minors
 9. Prescriptions
 10. Reproductive or Sexual Health
 11. Sexually Transmitted Diseases

We follow the more stringent and protective law, where it applies to us. For example, if we receive information about you through a limited consent you provided to a federally-assisted substance use disorder treatment program (“Part 2 Program”), we will honor the permission you provide and continue to comply with 42 CFR Part 2. If your consent permits our use and disclosure for all future treatment, payment, and health care operations purposes, we may use or disclose that information for those purposes and otherwise use and disclose that information in accordance with the Health Insurance

Portability and Accountability Act of 1996 (HIPAA). In no event will we use or disclose your Part 2 Program information in legal proceedings against you without your written consent or a court order after you have been notified and provided an opportunity to be heard.

Except for uses and disclosures described in this notice, we will use and disclose your health information only with a written authorization from you. This includes, except for limited circumstances allowed by federal privacy law, not using or disclosing psychotherapy notes about you, selling your health information to others, or using or disclosing your health information for certain marketing communications, without your written authorization. Once you give us authorization to use or disclose your health information, you may take back or "revoke" your written authorization at any time in writing, except if we have already acted based on your authorization. For information on how to revoke your authorization, contact the phone number listed on your health plan ID card. Note that once your health information has been disclosed, it could be redisclosed by the recipient and no longer protected by federal privacy laws.

What Are Your Rights

You have the following rights with respect to your health information:

- **You have the right to ask to restrict** our uses or disclosures of your information for treatment, payment, or health care operations. You also have the right to ask to restrict disclosures of your information to family members or to others who are involved in your health care or payment for your health care. We may also have policies on dependent access that authorize your dependents to request certain restrictions. Any request for restrictions must be made in writing. **Please note that while we will try to honor your request and will permit requests consistent with our policies, we are not required to agree to any request for a restriction.**
- **You have the right to ask to receive confidential communications** of information in a different manner or at a different place (for example, sending information to a P.O. Box instead of your home address). We will accommodate reasonable requests in accordance with applicable state and federal law. In certain circumstances, we will accept your verbal request to receive confidential communications, however; we may also require you to confirm your request in writing. In addition, any requests to modify or cancel a previous confidential communication request must be made in writing. Mail your request to the address listed below.
- **You have the right to request to see and obtain a copy** of certain health information we maintain about you such as claims and case or medical management records. If we maintain your health information electronically, you have the right to request that we send a copy of your health information in an electronic format to you. In some cases, you may receive a summary of this health information. You must make a written request to inspect and copy your health information. Mail your request to the address listed below. In certain limited circumstances, we may deny

your request. If we deny your request, you may have the right to have the denial reviewed. We may charge a reasonable fee for any copies.

- **You have the right to ask to amend** certain health information we maintain about you such as claims and case or medical management records, if you believe the health information about you is wrong or incomplete. Your request must be in writing and provide the reasons for the requested amendment. Mail your request to the address listed below. We will respond to your request in the timeframe required under applicable law. In certain circumstances, we may deny your request. If we deny your request, you may have a statement of your disagreement added to your health information.
- **You have the right to request an accounting** of certain disclosures of your information made by us during the six years prior to your request. This accounting will not include disclosures of information made: (i) for treatment, payment, and health care operations purposes; (ii) to you or pursuant to your authorization; (iii) to correctional institutions or law enforcement officials; and (iv) other disclosures for which federal law does not require us to provide an accounting. Any request for an accounting must be made in writing.
- **You have the right to a paper copy of this notice** at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. If we maintain a website, you may also obtain a copy of this notice on our website.
- **In certain states, you may have the right to request that we delete** your personal information. Depending on your state of residence, you may have the right to request deletion of your personal information. We will respond to your request in the timeframe required under applicable law. If we are unable to honor your request, we will notify you of our decision. If we deny your request, you have the right to submit to us a written statement of the reasons for your disagreement with our assessment of the disputed information and what you consider to be the correct information. We will make your statement accessible to parties reviewing the information in dispute.

Exercising Your Rights

- **Contacting your Health Plan.** If you have any questions about this notice or want additional information about how to exercise your rights, **please call the toll-free member phone number on your health plan ID card or you may contact a UnitedHealth Group Customer Call Center Representative at 1-800-523-5800 (TTY/RTT 711).**

- **Submitting a Written Request.** To exercise any of your rights described above, mail your written requests to us at the following address:

UnitedHealthcare Privacy Office
MN017-E300
PO Box 1459
Minneapolis, MN 55440

- **Filing a Complaint or Grievance.** If you believe your privacy rights have been violated, you may file a complaint or grievance with us at the address listed above.

You may also notify the Secretary of the U.S. Department of Health and Human Services of your complaint. We will not take any action against you for filing a complaint.

¹This Health Plan Notice of Privacy Practices applies to the following health plans that are affiliated with UnitedHealth Group: www.uhc.com/privacy/entities-fn-v1. This list of health plans is complete as of the effective date of this notice. For a current list of health plans subject to this notice go to: www.uhc.com/privacy/entities-fn-v1.

Financial Information Privacy Notice

THIS NOTICE DESCRIBES HOW FINANCIAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED. PLEASE REVIEW IT CAREFULLY.

Effective January 1, 2026

We² are committed to maintaining the confidentiality of your personal financial information. For the purposes of this notice, “personal financial information” means information about an enrollee or an applicant for health care coverage that identifies the individual, is not generally publicly available, and is collected from the individual or is obtained in connection with providing health care coverage to the individual.

Information We Collect

Depending upon the product or service you have with us, we may collect personal financial information about you from the following sources:

- Information we receive from you on applications or other forms, such as name, address, age, medical information, and Social Security number;
- Information about your transactions with us, our affiliates or others, such as premium payment and claims history; and
- Information from a consumer reporting agency.

Disclosure of Information

We do not disclose personal financial information about our enrollees or former enrollees to any third party, except as required or permitted by law. For example, in the course of our general business practices, we may, as permitted by law, disclose any of the personal financial information that we collect about you, without your authorization, to the following types of institutions:

- To our corporate affiliates, which include financial service providers, such as other insurers, and non-financial companies, such as data processors;
- To nonaffiliated companies for our everyday business purposes, such as to process your transactions, maintain your account(s), or respond to court orders and legal investigations; and
- To nonaffiliated companies that perform services for us, including sending promotional communications on our behalf.

Confidentiality and Security

We maintain physical, electronic, and procedural safeguards, in accordance with applicable state and federal standards, to protect your personal financial information against risks such as loss, destruction, or misuse. These measures include computer safeguards, secured files and buildings, and restrictions on who may access your personal financial information.

Questions About this Notice

If you have any questions about this notice, please **call the toll-free member phone number on your health plan ID card or contact the UnitedHealth Group Customer Call Center at 1-800-523-5800 (TTY/RTT 711).**

² For purposes of this Financial Information Privacy Notice, “we” or “us” refers to the entities listed in footnote 1, beginning on the last page of the Health Plan Notices of Privacy Practices, plus the following UnitedHealthcare affiliates: ACN Group of California, Inc.; AmeriChoice Corporation; Benefitter Insurance Solutions, Inc.; Claims Management Systems, Inc.; Dental Benefit Providers, Inc.; Ear Professional International Corporation; Excelsior Insurance Brokerage, Inc.; gethealthinsurance.com Agency, Inc.; Golden Outlook, Inc.; Golden Rule Insurance Company; HealthMarkets Insurance Agency; Healthplex of CT, Inc.; Healthplex of NJ, Inc.; Healthplex, Inc.; HealthSCOPE Benefits, Inc.; International Healthcare Services, Inc.; Level2 Health IPA, LLC; Level2 Health Management, LLC; Level2 Health Holdings, Inc.; Managed Physical Network, Inc.; Optum Care Networks, Inc.; Optum Global Solutions (India) Private Limited; OptumHealth Care Solutions, LLC; Oxford Benefit Management, Inc.; Oxford Health Plans LLC; Physician Alliance of the Rockies, LLC; POMCO Network, Inc.; POMCO, Inc.; Real Appeal, LLC; Solstice Administrators of Alabama, Inc.; Solstice Administrators of Missouri, Inc.; Solstice Administrators of North Carolina, Inc.; Solstice Administrators, Inc.; Solstice Benefit Services, Inc.; Solstice of Minnesota, Inc.; Solstice of New York, Inc.; Spectera, Inc.; Three Rivers Holding, Inc.; UHIC Holdings, Inc.; UMR, Inc.; United Behavioral Health; United Behavioral Health of New York I.P.A., Inc.; UnitedHealthcare, Inc.; United HealthCare Services, Inc.; UnitedHealth Advisors, LLC; UnitedHealthcare Service LLC; Urgent Care MSO, LLC; USHEALTH Administrators, LLC; USHEALTH Group, Inc.; and Vivify Health, Inc. This Financial Information Privacy Notice only applies where required by law. Specifically, it does not apply to (1) health care insurance products offered in Nevada by Health Plan of Nevada, Inc. and Sierra Health and Life Insurance Company, Inc.; or (2) other UnitedHealth Group health plans in states that provide exceptions for HIPAA covered entities or health insurance products. This list of health plans is complete as of the effective date of this notice. For a current list of health plans subject to this notice go to www.uhc.com/privacy/entities-fn-v1.

Notice of Availability of Language Assistance Services and Alternative Formats

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

ማሳሰቢያ፡- አማርኛ (Amharic) የሚናገሩ ከሆኑ፣ ነፃ የቋንቋ እገዛ አገልግሎቶች እና ነፃ ተግባቦቶች እንደ ትልቅ አትም ባሉ ሌሎች ቅርፀቶች ለእርስዎ ይገኛሉ። በ 1-800-523-5800 ይደውሉ።

لاحظتة: إذا كنت تتحدث اللغة العربية (Arabic)، ستتوفر لك خدمات المساعدة اللغوية المجانية والمراسلات المجانية بتنسيقات أخرى، مثل الطباعة بأحرف كبيرة. اتصل بالرقم 1-800-523-5800.

দেখুন: আপনি যদি বাংলায় (Bengali-Bangala) কথা বলেন, তাহলে বিনামূল্যে ভাষা সহায়তা পরিষেবা এবং বড় মুদ্রণের মতো, অন্যান্য ফরম্যাটে বিনামূল্যে যোগাযোগগুলি, আপনার জন্য উপলব্ধ। 1-800-523-5800-এ কল করুন।

ចំណាំ: ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ (Cambodian-Mon-Khmer) សេវាជំនួយភាសាភាគតិចផ្លូវនិងការទំនាក់ទំនងភាគតិចផ្លូវក្នុងប្រទេសកម្ពុជា ដូចជាពុម្ពអក្សរធំ មានសម្រាប់អ្នក។ ទូរសព្ទទៅលេខ 1-800-523-5800។

ATENSHUN: Gare kapetal **Faluwasch (Carolinian)**, ye toore paliuwal kapetal Faluwasch lane sew me sew format, tapil lane fateofat, bwe bwale toor kapetal. Ko yegili 1-800-523-5800.

ATENSYON: Yanggen fifino' hao **CHamoru (Chamorro)**, guaha setbisio siha para hãgu ni' fãtto, i setbision fino' pat lengguãhi yan fina'uma'espaha gi otro na manera siha taiguihi i para mana'dangkolo i inemprenta. Ågang 1-800-523-5800.

請注意：如果您說**中文 (Chinese - Traditional)**，您可以獲得免費語言協助服務和大字體等其他格式的免費通訊。請致電1-800-523-5800。

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

ATANSYON: Si w pale **Kreyòl Ayisyen (French Creole-Haitian Creole)**, gen sèvis lang gratis ak kominikasyon nan lòt fòm ki disponib, tankou sa ki enprime ak gwo lèt yo. Rele 1-800-523-5800.

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

ΠΡΟΣΟΧΗ: Εάν μιλάτε **Ελληνικά (Greek)**, υπάρχουν διαθέσιμες δωρεάν υπηρεσίες γλωσσικής βοήθειας και δωρεάν επικοινωνία σε άλλες μορφοποιήσεις, όπως μεγάλα γράμματα. Καλέστε 1-800-523-5800.

ધ્યાન આપો: જો તમે ગુજરાતી (**Gujarati**) બોલતા હો તો વિના મૂલ્યે ભાષાકીય મદદરૂપ સેવાઓ અને અન્ય ફોર્મેટમાં વિના મૂલ્યે સંચાર, જેમ કે મોટી પ્રિન્ટ, તમારા માટે ઉપલબ્ધ છે. 1-800-523-5800 પર કોલ કરો.

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

LUS TSEEM CEEB: Yog tias koj hais **Lus Hmoob (Hmong)**, muaj cov kev pab cuam txhais lus pub dawb thiab muaj kev sib txuas lus dawb ua lwm hom ntawv, xws li luam ntawv loj rau koj. Hu rau: 1-800-523-5800.

ATENSION: No agsasaoka iti **Ilocano (Ilocano)**, magun-odmo dagiti libre a serbisio ti tulong iti pagsasao ken libre a komunikasion iti dadduma a pormat, kas iti dadakkel a letra. Tawagan ti 1-800-523-5800.

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

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

알림 사항: **한국어(Korean)**를 사용하시는 경우 무료 언어 지원 서비스와 대형 활자체 등 다른 형식으로 된 의사소통 매체를 이용하실 수 있습니다. 1-800-523-5800번으로 전화해 주십시오.

ໝາຍເຫດ: ຖ້າຫາກທ່ານເວົ້າພາສາລາວ (**Lao**), ທ່ານສາມາດໃຊ້ບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາພຣີ ແລະ ການສື່ສານໃນຮູບແບບອື່ນໆພຣີ, ເຊັ່ນ: ການພິມຕົວອັກສອນຂະໜາດໃຫຍ່. ກະລຸນາໂທຫາ 1-800-523-5800.

BAA'ÁKONÍNÍZIN: **Diné (Navajo)** saad bee yáníłti'go, t'áá jíík'eh saad bee áka'e'eyeed bee áka'anída'wo'í dóó nááná łahgo át'éego bee hadadilyaa bee ahxıl hane'í, díí nitsaago bee ak'eda'ashchínígíí, náhólǫ. Kohjį' 1-800-523-5800 hodíilnih.

ध्यान दिनुहोस्: तपाईंले **नेपाली (Nepali)** बोल्नुहुन्छ भने, निःशुल्क भाषा सहायता सेवाहरू र अन्य ढाँचाहरूमा निःशुल्क संचारहरू, जस्तै ठूलो छाप, तपाईंका लागि उपलब्ध छन्। 1-800-523-5800 मा कल गर्नुहोस्।

WICHDIH: Wann du **Deutsch (Pennsylvania Dutch)** schwetzsch, kenne mer dich Schprooch-Hilf un annri Sadde Schreiwes griege, so wie Grooss-Druck (large print), unni as es dich ennich eppes koschde zellt. Call 1-800-523-5800 uff.

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

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

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

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ **ਪੰਜਾਬੀ (Punjabi)** ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਅਤੇ ਹੋਰ ਫਾਰਮੈਟਾਂ, ਜਿਵੇਂ ਕਿ ਵੱਡੇ ਪ੍ਰਿੰਟ, ਵਿੱਚ ਮੁਫਤ ਸੰਚਾਰ ਉਪਲਬਧ ਹਨ। 1-800-523-5800 ਤੇ ਕਾਲ ਕਰੋ।

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

FA'AALIGA: Afai e te tautala i le **Faa-Samoa (Samoan-Fa'asamoa)**, o lo'o avanoa mo oe 'au'aunaga fesoasoani tau gagana e leai se totogi ma feso'ota'iga e leai se totogi i isi faiga, e pei o lomiga e lapopo'a mata'itusi. Vala'au i le 1-800-523-5800.

FIIRO GAAR AH: Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda bilaashka ah iyo isgaarsiino bilaash ah oo qaabab kale ah, sida far waaweyn, ayaa diyaar kuu ah. Wac 1-800-523-5800.

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas y comunicaciones en otros formatos como letra grande, sin cargo, a su disposición. Llame al 1-800-523-5800. (TTY 711).

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

โปรดทราบ หากคุณพูดภาษาไทย (Thai) ได้

คุณสามารถใช้บริการช่วยเหลือด้านภาษาฟรีและการสื่อสารในรูปแบบอื่น ๆ ฟรี เช่น การพิมพ์ด้วยตัวอักษรขนาดใหญ่ โทร 1-800-523-5800

ЗВЕРНІТЬ УВАГУ! Якщо ви розмовляєте **українською (Ukrainian)**, ви можете безоплатно користуватися послугами мовної підтримки, а також безоплатно отримувати інформаційні матеріали в інших форматах, як от набрані великим шрифтом. Телефонуйте на номер 1-800-523-5800.

توجہ دیں: اگر آپ اردو (Urdu) زبان بولتے ہیں تو زبان کی معاون خدمات اور دیگر فارمیٹس میں مواصلات، جیسے بڑے پرنٹ، آپ کے لیے مفت دستیاب ہیں۔ کال کریں 1-800-523-5800۔

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

NOTICE OF NONDISCRIMINATION

The Company complies with applicable civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity). We do not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

We provide free aids and services to help you communicate with us. You can ask for interpreters and/or for communications in other languages or formats such as large print. We also provide reasonable modifications for persons with disabilities.

If you need these services, call toll-free 1-800-523-5800 (TTY 711).

If you believe that we failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can send a complaint to the Civil Rights Coordinator:

Civil Rights Coordinator
UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UTAH 84130
UHC_Civil_Rights@uhc.com

If you need help filing a complaint, call toll-free 1-800-523-5800 (TTY 711).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

- **Online:** <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
- **Phone:** 1-800-368-1019, 800-537-7697 (TDD)
- **Mail:** U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

Complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>

This notice is available at: <https://www.uhc.com/legal/nondiscrimination-and-language-assistance-notice>

You have the right to privacy — and the right to decide who can access your information.

Protecting your right to privacy

is important. UnitedHealthcare cares about your privacy, and we try to provide the best possible experience for our insured members.

Information about your health insurance coverage cannot be given out without your permission. If you would like to allow someone, such as a spouse, relative, or friend, to help you with your health insurance, please review and completely fill out the Authorization for Release of Information Form.

What you need to do.

Completion and return of this form is voluntary. This will allow UnitedHealthcare to release your account and health information to the person(s) listed. Please remember that this concerns your personal records and only you or your legal representative (such as a power of attorney, guardian or conservator) can give permission for someone to have access to them.

The authorization is on the next page.
Please complete and return the form and mail it to the address at the bottom of the form.

Tip: You may wish to make a copy for your records.

You can also authorize certain family members over the phone by calling UnitedHealthcare Customer Service.

Call toll-free: 1-800-523-5800, TTY 711.

- Weekdays from 7 a.m. to 11 p.m. ET or
- Saturday from 9 a.m. to 5 p.m. ET

Thank you for choosing UnitedHealthcare.

Authorization for Release of Information Form

Insured Member Name Sample A Sample (Please print name)

AARP Membership Number 999999999-11 (Please print number)

I hereby authorize UnitedHealthcare Insurance Company, and affiliates (UnitedHealthcare):

- to disclose my account and health information to the person(s) listed below, and/or
- to allow limited transactions, by the person(s) listed below, on my account for my AARP®-branded Supplemental or Personal Health Insurance Plan.

I understand that this authorization is voluntary.

Please print the name(s) of the individual(s) you are authorizing.

NAME	RELATIONSHIP	PHONE NUMBER

I understand this authorization will be valid until I notify UnitedHealthcare in writing. However, if I do stop this authorization, it will not have any effect on any information released previously by UnitedHealthcare.

I understand that the individual(s) listed above may, at any time, release any information received. UnitedHealthcare cannot guarantee the individual(s) will not use or disclose the information in violation of any applicable privacy laws.

INSURED MEMBER’S SIGNATURE

DATE (DD/MM/YYYY)

Send this completed form to:
UnitedHealthcare
PO BOX 9003
Huntingdon Valley, PA 19006-9998

Renew Active™

Terms and Conditions

Eligibility Requirements

- Only members enrolled in a participating Medicare Plan from UnitedHealthcare Insurance Company (“UnitedHealthcare”) and affiliates are eligible for the Renew Active program (“Program”), which includes, without limitation, access to standard fitness memberships at participating gyms/fitness locations, online fitness cognitive providers, and in-person and virtual classes and activities at no additional cost.
- By enrolling in the Program, you hereby accept and agree to be bound by these Renew Active Terms and Conditions.

Enrollment Requirements

- Membership and participation in the Program is voluntary.
- You must enroll in the Program according to the information provided on the member site or Customer Service. Once enrolled, you must obtain your confirmation code and provide it when requested to sign up for any Program services. Provide your confirmation code when requested when visiting a participating gym/fitness location to receive standard membership access at no additional cost, registering with an online fitness and/or cognitive providers and to gain access to classes and activities. Please note that by using your confirmation code, you are electing to disclose that you are a Renew Active member with a participating UnitedHealthcare Medicare plan.
- Program enrollment is on an individual basis and the Program’s waived monthly membership rate for standard membership services at participating gyms and fitness locations is only applicable to individual memberships.
- You are responsible for any and all non-covered services and/or similar fee-based products and services offered by Program service providers (including, without limitation, gym/fitness centers, digital fitness offerings, digital cognitive providers and other third-party service offerings made available through the Program), including, without limitation, fees associated with personal training sessions, specialized classes and enhanced facility membership levels beyond the standard membership level.
- No reimbursements will be made for any fitness program offerings. Fitness membership offerings, including visits, hours, equipment, classes, personalized fitness plans, caregiver access and activities, can vary by location. Access to gym and fitness location network varies by plan/area and may not be available on all plans.

Liability Waiver

- Always seek the advice of a doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine.
- Certain services, classes, activities and online fitness offerings are provided by affiliates of UnitedHealthcare or other third parties not affiliated with UnitedHealthcare. Participation in these third-party services is subject to your acceptance of their respective terms and policies. UnitedHealthcare and its respective subsidiaries are not responsible for the services or

Renew Active™

Terms and Conditions

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. UnitedHealthcare and its respective subsidiaries and affiliates do not endorse and are not responsible for the services or information provided by third parties, the content on any linked site, or for any injuries you may sustain while participating in any services, classes, activities and online fitness offerings under the Program.

Other Requirements

- You must verify that the individual gym/fitness location or service provider participates in the Program before enrolling.
- If a Program service provider you use, including a gym or fitness location, ceases to participate in the Program, your Program participation and waived monthly membership rate with such service provider through the Program will be discontinued until you join another service offered by a participating service provider. You will be responsible for paying the standard membership rates of such service provider should you elect to continue to receive services from a service provider once that service provider ceases to participate in our Program. If you wish to cancel your membership with such service provider, you can opt to do so per the cancellation policy of the applicable service provider, including the applicable gym or fitness location. You should review your termination rights with a service provider when you initially elect to sign up with such service provider.

Data Requirements

- The Program administrator and/or your service provider will collect and electronically send and/or receive the minimum amount of your personal information required in order to facilitate the Program in accordance with the requirements of applicable laws, including privacy laws. Such required personal information includes, but is not limited to, program confirmation code, gym/fitness location/provider membership ID, activity year and month, and monthly visit count. By enrolling in the Program, you authorize the Program administrator and your service provider to request and/or provide such personal information.

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Service Disclaimers

Renew Active® by UnitedHealthcare®

Participation in the Renew Active® Program is voluntary. Renew Active includes a standard fitness membership at participating locations. The participating locations may change at any time. Fitness membership offerings, including visits, hours, equipment, classes, personalized fitness plans, caregiver access and activities, can vary by location. The information provided through Renew Active is for informational purposes only and is not medical advice. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine.

AARP® Staying Sharp®

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

UHC Dental Discount

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

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

AARP® Hearing Solutions™ provided by UnitedHealthcare Hearing

The additional \$100 off discount only applies to name-brand hearing aid purchases.

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

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

Service Disclaimers

Vision Discount provided by Visionworks

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

Vision Discounts provided by UHC Vision

Discounts offered are only available at the participating providers listed. Check the website [\[member.uhc.com/medsuppvisiondiscount\]](https://member.uhc.com/medsuppvisiondiscount) for specific details on each offer. Discounts are dependent on member showing their AARP Medicare Supplement Plan ID card or using their assigned promotional code. Discounts are good for the 2026 plan year only. Discounts are only for the enrolled member(s) in the discount plan and promotional codes should not be shared. Discounts are available for enrolled members once per plan year.

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

24/7 Nurse Line

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