

# Producer Handbook

| 2017



Arizona

## **AARP MEDICARE SUPPLEMENT INSURANCE PLANS,** Insured by UnitedHealthcare Insurance Company

Rates shown are for plan effective dates from July 1 to December 1, 2017.

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

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

AARP does not employ or endorse agents, brokers or producers.

# Introduction

Congratulations on completing your 2017 AARP Medicare Supplement Insurance certification. You are now authorized to begin offering AARP® Medicare Supplement Insurance Plans, insured by UnitedHealthcare Insurance Company. You are among a distinct group of producers who have the opportunity to offer AARP Medicare Supplement Insurance Plans – which gives your clients an industry-leading option.

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

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

## Who We Are

### UnitedHealthcare Medicare & Retirement

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

### Insurance Solutions

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

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

UnitedHealth Group and AARP have extended and broadened their relationship, which began in 1997, to December 2020. Under this extended agreement, UnitedHealthcare will continue to offer a portfolio of AARP-branded products which includes AARP Medicare Supplement Insurance Plans. Insurance Solutions remains committed to improving the health system on behalf of our members and setting UnitedHealthcare apart as the supplemental health insurance provider that delivers the greatest lifetime value to members – a vision we share with AARP.

## Agent Portal

The agent portal provides a variety of tools and information for all UnitedHealth producers. Once logged in, you will be able to take additional certification classes, submit online enrollment applications, view enrollment application status, obtain product information and sales materials, view commission statements and status and more!

**Agents can access the portal using one of the following addresses:**

**[www.unitedhealthproducers.com](http://www.unitedhealthproducers.com)**

*(for External agents)*

**[www.unitedhealthadvisors.com](http://www.unitedhealthadvisors.com)**

*(for Internal agents)*

Note: Some references to the Agent Portal throughout this Handbook may change in 2017 as we are looking to enhance the Agent Portal website. Please continue to look for future communications on changes to the Agent Portal for the most accurate information in the Focus News newsletter.

## Agent Portal (continued)

### Here's what you'll find on the Agent Distribution Portal:

Information on the portal is organized into categories including Learning Center, Product Information & Materials, Online Enrollment, Enrollment Applications and Enrollments, Commission Status, Manage Your Account, and Resource Center. Visit the “Resource Center” and “Product Information & Materials” tabs for additional information that may not be contained in this Handbook.

### Learning Center



The Learning Center provides one-click access to your courses on the Learning Center Home, as well as general information about online learning. There is a section called “Training Calendars” where you may pre-register for additional sessions offered by Learning & Development.

### Product Information and Materials



The Product Information and Materials section contains a complete overview of all plans available, including Medicare Advantage, Part D prescription drug and Medicare supplement plans. Within each product category, based on those products and states in which you are certified to sell, you can access information such as available plans, providers, drugs and pharmacies.

### Sales Materials



The Sales Materials section provides access to centers where you can order and/or download enrollment kits, guides, additional enrollment resources and marketing materials. Select the “click here” link to be directed to the Agent Materials Portal from the Distribution Portal. There are also numerous resources on the Agent Materials Portal, including occasional free material offers.

### Authorized to Offer



The Authorized to Offer section provides information regarding the Authorized to Offer AARP Medicare Plans program. Information includes an overview of the program, marketing guidelines and frequently asked questions.

### Agent Toolkit



The Agent Toolkit is your one-stop resource for reaching your market with effective sales and marketing materials – the fast and easy way. Please see the Sales and Marketing Materials section of this Handbook for more detailed information about accessing the Agent Toolkit.

### Electronic Enrollment



The Electronic Enrollment tab provides information about submitting enrollment applications electronically. The tool allows you to complete state-specific enrollment applications, which will help in processing time, reduction in errors and paperwork, and faster commission payments. See the Enrolling Applicants section of this Handbook for detailed information about the AARP Medicare Supplement Online Enrollment tool.

### Applications and Enrollments



The Applications and Enrollments tab allows you to view your current enrollment applications and enrollments. Search by consumer name and state / U.S. territory, consumer identification number or consumer state. If an application is pending, hover over “Reason” to see more details about the application.

### Commission Status



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

### Manage Your Account



In this section, you can access information related to your agent profile. This includes your personal demographics, certification, appointment and licensing information. From this location, you can update your personal profile such as your home and e-mail address and phone number if needed.

### Resource Center



The Resource Center provides you with a variety of supporting information, including Compliance Corner, External Resources, Agent Communications, Frequently Asked Questions and Glossaries.

# A Quick Look at Medicare and Medicare Supplement Plans

## Medicare 101 – The Basics

### What is Medicare?

**Medicare is health insurance for people:**

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

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

### Medicare Coverage Options

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

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



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



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

2. **Medicare Advantage Plans (Part C)** – These



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

3. **Medicare Prescription Drug Coverage (Part D)** –



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

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

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

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

### Medicare Supplement Plans



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

## Medicare Supplement Plans (continued)

### What is a Medicare Supplement Plan?

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

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

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

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

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

### Plan Features

Medicare supplement plans offer beneficiaries:

- Help with managing out-of-pocket costs

- The freedom to choose any doctor who accepts Medicare patients
- No claim forms to file
- National coverage so beneficiaries can use benefits anywhere in the United States. If beneficiaries move, their coverage moves with them, except Select Plans which may not be available everywhere
- Foreign travel coverage for emergency services (for most plans)
- Guaranteed renewability, meaning the plan automatically renews from year to year as long as beneficiaries pay their premiums when due
- A 30-day “free look” evaluation period. Full refund of premiums (minus claims paid, if any) if policies are returned within 30 days of plan issuance

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

<https://www.medicare.gov/pubs/pdf/02110-medicare-medigap.guide.pdf>

## Basic Medicare Supplement Benefits

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

### Plan Benefit Chart

Medicare Supplement Plans	A	B	C	D	F	G	K	L	M	N
<b>Medicare Part A Coinsurance and Hospital Benefits</b>	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
<b>Medicare Part A Deductible</b>	-	✓	✓	✓	✓	✓	50%	75%	50%	✓
<b>Medicare Part B Coinsurance or Copayment</b>	✓	✓	✓	✓	✓	✓	50%	75%	✓	Copay <sup>1</sup>
<b>Medicare Part B Deductible</b>	-	-	✓	-	✓	-	-	-	-	-
<b>Medicare Part B Excess Charges</b>	-	-	-	-	✓	✓	-	-	-	-
<b>Blood (First Three Pints)</b>	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓
<b>Foreign Travel Emergency (up to plan limit)<sup>2</sup></b>	-	-	✓	✓	✓	✓	-	-	✓	✓
<b>Hospice Care Coinsurance or Copayment</b>	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓
<b>Skilled Nursing Facility Coinsurance</b>	-	-	✓	✓	✓	✓	50%	75%	✓	✓
<b>2017 out-of-pocket limit (plans K and L only)<sup>3</sup></b>							\$5,120	\$2,560		

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

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

<sup>3</sup> The plan pays 100 percent of covered services for the rest of the calendar year once beneficiaries have paid the out-of-pocket annual limit and annual Part B deductible (\$183 in 2017).

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

# AARP Medicare Supplement Insurance

## Description

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

More than 4 million beneficiaries nationwide have selected AARP Medicare Supplement Insurance Plans<sup>1</sup> to help cover the costs that Original Medicare does not. AARP Medicare Supplement Insurance is the only Medicare supplement product that carries the AARP name.

## Plan Highlights

- The following plans are available in most states – A, B, C, F, G, K, L and N<sup>2</sup>
- Stable annual rate increases have been 2.9 percent on average between 2011 and 2015<sup>3</sup>
- 9 out of 10 plan holders surveyed would recommend their AARP Medicare Supplement Plan to a friend or family member<sup>4</sup>
- 96 percent member satisfaction rate of those surveyed with AARP Medicare Supplement Plans<sup>4</sup>
- Excellent claims service – 98 percent of claims are processed in 10 business days or less<sup>1</sup>
- Special extras, such as pharmacy savings, vision discounts, 24-hour Nurse HealthLine, and SilverSneakers<sup>®</sup> Fitness Program (not available in all states)
- Competitive pricing
- Nationwide coverage, including Washington, D.C. and some U.S. territories

- Discounts including Multi-insured and Electronic Funds Transfer (EFT) (availability varies by state)

### Did you know?

**Value-Added Services vary by state. Please check your state-specific Handbook for exact services offered within that state.**

## Value-Added Services

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

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

### The 24-hour Nurse HealthLine\*



AARP Medicare Supplement Insurance members can call toll-free to speak directly with a registered nurse about their health concerns 24 hours a day, seven days a week through the Nurse HealthLine provided by OptumHealth<sup>SM</sup>.

Nurse HealthLine offers:

- Treatment decision support
- Information on doctors and hospitals
- The ability to schedule appointments and coordinate medical records
- Help deciding whether to see a doctor or go to a hospital
- Prescription and medication information
- Health education and self-help tips

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

<sup>1</sup> From a report prepared for UnitedHealthcare Insurance Company by ORC International, "Substantiation of Advertising Claims Concerning AARP Medicare Supplement Insurance Plans," August 2015, [www.UHCMedSupStats.com](http://www.UHCMedSupStats.com) or call 1-800-523-5800 to request a copy of the full report.

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

<sup>3</sup> Base rate increases vary by specific plan, by state and by year.

<sup>4</sup> From a report prepared for UnitedHealthcare Insurance Company by GfK Custom Research NA, "Medicare Supplement Plan Satisfaction Posted Questionnaire," 8/24/2015, [www.UHCMedSupStats.com](http://www.UHCMedSupStats.com), or call 1-800-523-5800 to request a copy of the full report.



- Audio library that offers recorded messages on more than 1,100 health and wellness topics
- English- and Spanish-speaking nurses and translations in more than 140 languages

**Note:** The Nurse HealthLine services are administered by OptumHealth Care Solutions, Inc. **This service should not be used for emergency or urgent care needs.** The information provided through this service is for informational purposes only. The nurses cannot diagnose problems or recommend treatment and are not a substitute for a doctor's care. Health plan member information is kept confidential in accordance with the law.

## Healthways SilverSneakers® Fitness program\*



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

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

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

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

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

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

be eligible because the program is not available in their state of residence.

**Note:** The services provided by the SilverSneakers program are made available as a courtesy to AARP members insured by UnitedHealthcare Insurance Company (UnitedHealthcare) and **are not part of insurance coverage, are subject to geographic availability and may be discontinued at any time.** AARP and UnitedHealthcare do not endorse and are not responsible for the services or information provided by this program. Members should consult a health care professional with questions about their health care needs.

## AARP® Vision Discounts provided by EyeMed Vision Care\*



Members can save up to 30% on prescription glasses and up to 20% on contact lenses at participating stores, including LensCrafters, Pearle Vision, Sears Optical, Target Optical and JCPenney Optical stores.

Also, AARP Medicare Supplement members pay only \$40 for routine eye exams (note: AARP members pay \$45 for eye exams).

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

Eye exams available by Independent Doctors of Optometry at or next to LensCrafters, Pearle Vision, Sears Optical and Target Optical in most states. Doctors in some states are employed by the location. In California, optometrists are not employed by LensCrafters, Sears Optical and Target Optical, which do not provide eye exams. For LensCrafters, eye exams are available from optometrists employed by EYEXAM of California, a licensed vision health care service plan. For Sears Optical and Target Optical, eye exams are available from self-employed doctors who lease space inside the store. 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. At LensCrafters locations, contact lenses are available by participating Independent Doctors of Optometry or at LensCrafters locations. Cannot be combined with any other offer, previous purchases, or vision and insurance plans. Some restrictions apply. Some brands excluded. See store for details. Void where prohibited. Valid at participating locations. The Sears trademark is registered and used under license from Sears Brands LLC. Target Optical® is a registered mark of Target Brands, Inc. used under license.

30% discount available only when a complete pair of glasses (frames, lenses, and lens options) is purchased in the same transaction. Items purchased separately will be discounted at 15% off the retail price.

In some states, there are a limited number of eye health providers available. Some Pearle Vision locations are independently owned and operated by franchisees and do not participate. In Puerto Rico, the only available providers are Pearle Vision locations.

## AARP Membership

Applicants must be AARP members or live in the same household as someone with whom they share an AARP membership number to enroll in an AARP Medicare Supplement Insurance Plan. If they are not members (or are not living in the same household as an AARP member), they can join by using one of the following methods:

1. If submitting a paper enrollment application, include a completed AARP membership form (which can be found in the AARP Medicare Supplement enrollment kits) and include the membership dues (via a separate check from the monthly premium check) at the time of enrollment. AARP membership checks must be made out to "AARP."
2. Join, renew or verify AARP membership online at [MyAARPConnection.com](http://MyAARPConnection.com). You will need to register for [MyAARPConnection.com](http://MyAARPConnection.com) upon first visiting the website.
3. If submitting through the AARP Medicare Supplement Online Enrollment tool, formerly known as **SmartEnroll**, which is now accessible through UnitedHealthcare's **Landmark Electronic Application Navigator (LEAN)** tool, a consumer can join, renew or verify AARP membership through the AARP membership portal.
4. Phone at 1-866-331-1964. Representatives are available Mon. - Fri., 7am-11pm and Sat., 9am-5pm ET.

Agents cannot purchase an AARP membership for their clients.

Dues are not deductible for income tax purposes.

One membership covers both the member and another individual living in the same household. The traditional household for one membership number consists of a husband and wife. However, if requested, AARP will assign one membership number per household in non-traditional situations (e.g., mother/daughter, brothers, unmarried partners, same gender partners, etc.). A maximum of two individuals can enroll per household under the same membership number.

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

- Access to exclusive discounts

- A subscription to the award-winning *AARP The Magazine*
- Exclusive savings on FDA-approved prescription medications not covered by your primary insurance and on specialty drugs at more than 66,000 participating retail pharmacies and via mail order
- Reduced costs, uniform pricing and extended warranties on the HearUSA selection of state-of-the-art digital hearing aids and related products
- Important information on health, Medicare and Social Security, and much more

## MyAARPConnection.com

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

This website features four key areas:

- **ACES** – For agents involved with community service, this page invites you to share your stories of volunteerism and to record service hours to earn exciting rewards.
- **Agent Resources** – Here you have the opportunity to sign up or renew an AARP membership for consumers interested in joining, view AARP membership benefits at a glance, and learn more about AARP.\*
- **AARP Community Insights** – With AARP Community Insights, you can find information on local events and volunteer opportunities.\*\*
- **Get Involved** – Take advantage of all the great programs sponsored by AARP, like Driver Safety, AARP Experience Corps, AARP Fraud Watch and Foundation Tax-Aide.

\* Agents cannot purchase an AARP membership for consumers.

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

**Did you know?**

All Authorized to Offer Agents Level 1 and Level 2 have the opportunity to obtain a complimentary AARP membership for themselves at [www.MyAARPConnection.com](http://www.MyAARPConnection.com). Just navigate to the website and click on the Agent Resources tab to sign up.

## Additional Selling Opportunity

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

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

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

For example, if you plan to use the co-marketing materials to generate leads and/or invite Medicare beneficiaries to a seminar, please remember to use the Scope of Appointment form for all appointments and/or register your seminar.

You can find additional information on CMS guidelines on the agent portal. After logging in, go to the Resource Center and then Compliance Corner.

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

## Agent-Directed Employer Group Sales

Agents can now offer AARP Medicare Supplement Plans to group retirees. Choose to be more hands-on with

enrollment with group sizes up to 100, or simply let UnitedHealthcare take care of it for any group size.

In addition to more than 4 million individual AARP Medicare Supplement Plan members across the country, UnitedHealthcare provides retiree/spouse health insurance solutions to more than 1,400 employers nationwide.<sup>1</sup>

AARP Medicare Supplement Plans offer many benefits to employer groups including:

- Cost Savings – Potential for cost savings compared to typical retiree coverage.
- Extra protection for retirees/spouses – Medicare supplement insurance may protect retired employees from Medicare's co-insurance and deductibles. The plans are guaranteed renewable and provide coverage nationwide.
- Flexible contribution levels – Employers have the freedom to cover all or a portion of the monthly premium costs for their retirees/spouses. Employers can also choose to endorse or apply a subsidy to specific plans.
- Administrative ease – Employers will receive a single bill for all of the premiums due. Claims and billing of retirees/spouses (if applicable) are all handled by UnitedHealthcare.

For more information on eligibility for this opportunity to offer group sales and complete guidelines, please visit the agent portal.

For EDC agents: **UnitedHealthProducers.com**

For ICA/ISR agents: **UnitedHealthAdvisors.com**

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

**NOTE:** Medicare Select Plans are not compensation-eligible under the employer group sales model at this time. West Virginia commissions are paid for 5 years. Texas commissions are paid for 7 years. Please refer to your contract for complete details. Exclusions: Puerto Rico, Guam, Virgin Islands, and Northern Mariana Islands; riders in Minnesota and Wisconsin.

<sup>1</sup>From a report prepared by UnitedHealthcare Insurance Company using internal data June, 2015.

# Eligibility – Arizona

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

## Requirements

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

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

## Medical Underwriting

Applicants who do not qualify for Open Enrollment or Guaranteed Issue\* (see pages 11 and 12) will be underwritten and denied coverage for any of the following reasons:

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

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

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

## Pre-Existing Conditions

Pre-existing conditions will be covered as of the AARP Medicare Supplement Plan effective date for applicants who are accepted for coverage and qualify for Open Enrollment or Guaranteed Issue (**see pages 11 and 12**) or who are replacing a Medicare supplement plan or creditable coverage.\*\* For all others, there is a 3-month waiting period after the plan effective date before pre-existing conditions are covered.

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

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

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

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

## Hospital and Skilled Nursing Facility Stays

- To receive benefits for an inpatient hospital stay, the stay must start on or after the Medicare supplement plan effective date. This requirement does not apply if the applicant qualifies for Open Enrollment (see below). However, no benefits will be paid for any period of a hospital stay that occurs prior to the Medicare supplement plan effective date.
- To receive benefits for a skilled nursing facility stay, the stay must follow a covered hospital stay. Both the hospital stay and the skilled nursing facility stay must start on or after the Medicare supplement plan effective date. The requirement that the

hospital stay must start on or after the Medicare supplement plan effective date does not apply if the applicant qualifies for Open Enrollment (see below). However, the skilled nursing facility stay must still begin on or after the Medicare supplement plan effective date.

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

## Open Enrollment – Arizona

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

Applicants qualify for Open Enrollment during the first six months they are enrolled in Medicare Part B and are age 65 or older. Enrollment applications may be submitted up to three months prior to the start of Open Enrollment.

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

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

## Guaranteed Issue - Arizona

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

### Qualifying Event

1. Applicants lose, learn they have lost, or drop employer coverage.
2. Applicants are enrolled in a Medicare Advantage (MA), PACE or Medicare Select plan and:
  - The plan stops coverage in the area,
  - The plan sends notice it will stop coverage, or
  - Applicants move out of the service area
3. Applicants are enrolled in a MA, PACE or Medicare supplement (including Select) and the plan:
  - Violates the insurance contract (for example, by failing to provide necessary medical care), or
  - Was misrepresented in marketing to the individual
4. Applicants are enrolled in a Medicare supplement plan (including Select) that is involuntarily terminated (for example, company bankruptcy).
5. Applicants dropped their Medicare supplement coverage to enroll in a MA, PACE, or Select plan, and dropped that plan within two years.
6. **On first enrolling in Medicare Part A at age 65**, applicants enrolled in a MA or PACE plan, and dropped that plan within two years.

### Application Requirements

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

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

See the Application Guide on the agent portal for further reference and detailed information about the enrollment application.

**Important note regarding Medicare Advantage (MA):** By law, MA applicants cannot be accepted unless MA coverage terminates on or before the AARP Medicare Supplement Insurance Plan’s effective date. Applicants must have a valid MA election or enrollment period to leave an MA plan. **Having a valid election or enrollment period does not automatically qualify an applicant for Guaranteed Issue. Only the specific qualifying events listed above qualify an applicant for Guaranteed Issue.**

#### Guaranteed Issue – Other Information

<b>Plan Availability</b>	<b>Plans A, B, C, Select C, F, Select F, G, K, L, and N</b>
<b>Pre-Existing Conditions Exclusion</b>	<b>None</b>
<b>Underwriting</b>	<b>None</b>

# Plan Availability – Arizona

## Medicare Beneficiaries Age 65 and Older

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

<b>What Plans Are Available?</b>	A, B, C, Select C*, F, Select F*, G, K, L, and N
<b>When Are Plans Available?</b>	Year round
<b>Are Plans Underwritten?</b>	Yes, unless the beneficiary qualifies for Open Enrollment or Guaranteed Issue

\* **Select Plans C and F are only available in certain areas of the state.**

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

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

### Select Plans C and F

The Select plans have the same benefits as the regular Plans C and F. The only difference is members with Select plans must use the network hospitals listed in the hospital directory to receive full benefits for hospital care (inpatient and outpatient hospital services).

Highlights of Select plans include:

- Select plan annual savings vary between 2 percent to 24 percent depending on the state in which you live.<sup>1</sup>
- Members are not required to see network doctors. They can see any doctor or specialist who accepts Medicare; however, the doctor selected should have admitting privileges at a network hospital.

- In order for benefits to be payable under this insurance plan, members must use one of the select hospitals located throughout the United States, **unless:**
  - there is a medical emergency
  - covered services are not available from any select hospital in the service area
  - covered services are received from a Medicare-approved non-select hospital more than 100 miles from the member’s primary residence

The Select plans are available in areas of Arizona where there are hospitals that participate in the network. Please review the hospital directory and ZIP Code listing with beneficiaries to see if a Medicare Select plan is a good choice. The most current hospital directories and ZIP Code listings can be found on the agent portal.

<sup>1</sup>Annual savings shown are based on **2016** rates for AARP Medicare Select Plan C or F compared to the traditional AARP Medicare Supplement Plan C or F.

# Underwriting and Rate Information

## 2017 New Sales in Arizona

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

### Medicare Beneficiaries Age 65 and Older

#### Underwriting and Rate Summary

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

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

<sup>1</sup> Does not apply to applicants who meet guaranteed issue requirements.

<sup>2</sup> Applicants must answer the eligibility questions in Sections 4 and 5 on the application.

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

<sup>4</sup> All members who respond "yes" to the tobacco use question on the application will pay the tobacco use version of the rate shown in the chart.

<sup>5</sup> For details about the Enrollment Discount program, refer to the next section entitled "Enrollment Discount."

**Note: applicants age 77 and older are not eligible for the Enrollment Discount and will pay the standard rate.**

<sup>6</sup> Applies to applicants who **do not** have any of the medical conditions listed in Section 6 of the application.

<sup>7</sup> Applies to applicants who have any of the medical conditions listed in Section 6 of the application.

#### Refer to the appendix for:

Appendix I – Underwriting conditions glossary

Appendix II - Listed medical conditions and related prescription drugs

Appendix III – Rate page



## Enrollment Discount\*

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

### Enrollment Discount Eligibility

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

- 65 to 74 **AND** they do not have any medical condition that qualifies for the Level 2 Rate, **OR**
- 75 to 76 **AND** their plan effective date is less than 10 years from their Medicare Part B effective date **AND** they do not have any medical condition that qualifies for the Level 2 Rate.

**Applicants age 77 and over are not eligible for the Enrollment Discount.**

### Discount Percentage and Duration

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

## Enrollment Discount – Discount Percentages and Duration

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

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

**Other Rate Discounts**

**Multi-Insured Discount**

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

**Electronic Funds Transfer (EFT) Discount**

\$2.00 per household per month when the entire household pays their premium through Electronic Funds Transfer.

**Annual Payer Discount**

\$24.00 per household per year for insureds who pay their entire calendar year premium in January.

**NOTE:** Electronic Funds Transfer (EFT) discount and Annual Payer discount cannot be combined.

**Rating Information**

**Community Rating**

Community rating means all members in the same rating class pay the same rate (excludes discounts and surcharges).

**Tobacco Use**

Members who have smoked tobacco cigarettes or used any tobacco product at any time within the past 12 months will pay the tobacco rate.

**E-Cigarettes/Vapor Cigarettes**

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

**Nicotine Patches and Marijuana**

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

**Rate Guarantee**

New members receive a 6-month rate guarantee from their initial plan effective date. Members will not receive an additional rate guarantee when switching from one AARP Medicare Supplement Plan to another.

**Rate Changes**

UnitedHealthcare’s monthly premium generally changes once a year. However, an enrolled member may see his/her monthly premium change during their first year of coverage due to rate guarantee ending or at a later time when the Enrollment Discount changes on the policy anniversary.

### General Information

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

In some cases, the underwriter may request a Medical Status Verification Request (MSVR) form. The applicant needs to take this form to their doctor to complete. A final underwriting decision cannot be made until the completed form is received from the applicant's doctor.

- **What applications will be reviewed by an underwriter?** All applications that need to be underwritten are subject to an underwriter's review.
- **Does underwriting vary for different AARP Medicare Supplement Plans?** No.
- **What will happen if an applicant's health status changes after the enrollment application has been submitted and before it has been approved?**  
All information discovered during the underwriting process will be used in making the final underwriting decision. This includes:
  - responses to the health questions on the enrollment application, and
  - any additional information that is obtained by the underwriterUnderwriters will consider all health history up to the date of their review when making the acceptance and rate decision. This includes changes that have occurred in the applicant's health history since the date they signed the application.
- **What will happen if an applicant's health status changes after the enrollment application has been fully processed and approved?** Once the application has been fully processed and approved, the rate and acceptance status will not change.
- **What will happen if the applicant responds "not sure" to an application question?** An underwriter

will contact the applicant and ask the applicant additional questions to clarify their response. If necessary, the applicant may be asked to obtain additional information from their doctor.

- **Are communications sent to agents relating to the underwriting process?** Yes. E-mail communications may be sent to the agents by an underwriter if any of the following events occur during the underwriting process:
  1. After three unsuccessful phone call attempts to interview the applicant
  2. When the application is being withdrawn
  3. When the underwriter is requesting a Medical Status Verification Request (MSVR) form from the applicant
  4. When the underwriting decision results in a rate-up or denial of coverage

To ensure they receive these e-mail communications, agents should be sure to keep the most up to date e-mail address on the agent portal in the Manage Your Account section.

- **If an insured member no longer has a medical condition for which they received a higher rate, can they get a lower rate going forward?** Yes. The insured (not agents) can request a rate adjustment through Member Services. An underwriter will contact them for further information.

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

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

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

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

### Eligibility Underwriting (Section 4 of the Enrollment Application)

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

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

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

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

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

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

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

### Eligibility Underwriting (Section 5 of the Enrollment Application)

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

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

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

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

- **What if applicants are unsure about their medical conditions?** If applicants are unsure about their medical conditions, their uncertainty should be noted on the application and submitted to underwriting for review along with available information.

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

### Additional Information Required

- **What if additional medical information is needed?**
  - The underwriter may contact applicants or their physician to clarify the information before reaching a decision.
  - In some cases, the underwriter may send a Medical Status Verification Request (MSVR) form to the applicant to take to their doctor to complete.
- **How will I know if an underwriter is waiting for additional information from the applicant?** The underwriter will send a status e-mail to the agent. To ensure they receive these e-mail communications, agents should be sure to keep the most up to date e-mail address on the agent portal in the Manage Your Account section.
- **What will happen if the underwriter is unable to reach the applicant?** If unable to reach the applicant, the underwriter will provide a call back number. After several phone attempts, the underwriter will send a letter to the applicant and an e-mail to the agent. If the applicant does not call the underwriter back after the phone call attempts and written requests, their application might be denied or withdrawn.
- **Can the agent call the underwriter or the call center and provide the medical information needed?** No. The underwriter can only speak to the applicant or their physician when there are any questions or information is needed about medical conditions. The agent can reach out to the applicant to ensure that they return the underwriter’s call or ensure that the applicant is getting the MSVR form completed by their doctor.

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

### Underwriting Decisions

- **How will the underwriter communicate a denial or rate-up decision?** A letter will be sent to the applicant with the specific reasons. An e-mail will also be sent to the agent. No medical information will be contained in the e-mail. The agent may want to contact the applicant to obtain any further information or discuss other options.
- **What if the applicant does not agree with the underwriter's decision and reaches out to the agent?** Applicants (not agents) may appeal the decision following the procedures outlined in the letter.
- **What if the agent has questions about the decision?** The agent should first discuss the application with the applicant. The applicant may then contact UnitedHealthcare if they have questions by following the procedures in the letter they received.

### How Agents Can Help

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

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

## Plan Change Situations

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

Insured members age 50 and over who are currently enrolled in an AARP Medicare Select Plan can change to any AARP non-select Medicare supplement plan without underwriting, regardless of the Select plan's effective date.

### Insured Members Age 65 and Older

Rating and underwriting requirements vary based on the effective date of the insured member's current AARP Medicare Supplement Plan:

Current AARP Medicare Supplement Plan Effective Date	Underwriting Requirements	Rating Requirements	Submit New Paper Application?
5/1/2010 or prior	Same as new sales (refer to Underwriting and Rate Summary Chart) <sup>1</sup>	Same as new sales (refer to Underwriting and Rate Summary Chart)	A new paper application is required for all insured members who want to change to a new plan.
6/1/2010 or later	None <sup>2</sup>	Same rate level as current plan <sup>3,4</sup>	A new paper application may be submitted but it is not required. <sup>5</sup> Insured members may call customer service to request a plan change over the phone.

<sup>1</sup>If the current plan held is a Medicare Select Plan, no underwriting is required. Insured members do not need to answer health questions in Sections 4, 5 and 6 on the enrollment application.

<sup>2</sup>Insured members do not need to answer health questions in Sections 4, 5 and 6 on the enrollment application.

<sup>3</sup>Discounts for which the insured member is currently eligible will continue to apply, assuming no other changes have occurred that affect eligibility for the discount.

<sup>4</sup>If insured members are receiving an Enrollment Discount, advise them that they will continue to receive the balance of the discount program from the time they enrolled in the original plan. If they are currently receiving discounts under the 10-year program, they will continue under that discount program and are not eligible to receive discounts under the 12-year program.

<sup>5</sup>An application is required if changing to a Medicare Select Plan; however, insured members do not need to answer health questions on the enrollment application.

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

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

# Sales and Marketing Materials

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

## Access



You can access the following materials through the **agent portal**. Agents can access the portal using one of the following addresses: [www.unitedhealthproducers.com](http://www.unitedhealthproducers.com) (for External agents) or [www.unitedhealthadvisors.com](http://www.unitedhealthadvisors.com) (for Internal agents). Simply log in and from the menu select “Product Information and Materials,” then “Sales Materials.”

To access the **agent toolkit** after logging into the agent portal, select the “Product Information and Materials” tab, then select “Agent Toolkit” and the link will be listed at the top of the page.

## Enrollment Kits and Sales Materials

You can order and download state-specific enrollment kits, guides, additional enrollment resources and marketing materials on the agent portal. Once logged into the agent portal click on “Product Information and Materials,” then “Sales Materials.” Select the “click here” link to be directed to the Agent Materials Portal.

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

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

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

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

## Sales Presentations

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

Sales Presentations are available on the agent toolkit in PDF format and are located at the following path: English Material > AARP Medicare Supplement > Sales Presentation.

## Lead Generation Materials

AARP Medicare Supplement approved marketing pieces can be used to:

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

The **agent toolkit** is your online source for sales and marketing lead generation materials you can customize with targeted messages, then download for immediate use.



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

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

Ordering materials from the agent toolkit is easy, simply:

1. **Select Material:** Select a folder based on which product you want to promote.
2. **Customize and Preview:** Information will be pre-populated based on your personal profile, including your name, address, phone, meeting information and picture. You can preview your proof and meeting information you provide prior to ordering.
3. **Order:** For most materials, you will be prompted to either order printed materials or download an electronic version. Downloaded versions are free. For printed items, 8.5 x 11 and 6 x 9 pieces are the most cost-effective.

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

### Did you know?

**New campaigns and updates to marketing pieces are added throughout the year, so remember to check the agent portal and agent toolkit frequently for the most current marketing materials.**

## Promotional Items



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

You may purchase branded items, such as pens and note pads, on the UnitedHealth Group online e-store. You can find a link to the e-store on the agent portal under “Product Information and Materials,” then “Sales Materials” and click the link “Go to Promotional Items.” Once in the e-store, simply hover over UnitedHealthcare listed on the top navigation bar, then select AARP

Medicare Supplement from the drop down menu. All major credit cards are accepted. Additional items are added to the store throughout the year so check back frequently!

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

Agency names cannot be imprinted on AARP Medicare Supplement-branded promotional items.

## Sales and Marketing Materials Rules

Producers are prohibited from creating new or altering existing marketing materials for AARP Medicare Supplement Insurance Plans. Any material that states the product name or uses the AARP logo or name in any piece must be approved by UnitedHealthcare (UHC) and AARP Services, Inc. (AARP’s wholly owned subsidiary), and in most cases, filed with each state. Therefore, you must only use sales and marketing materials provided by UnitedHealthcare to promote the AARP Medicare Supplement product. **You must not create your own pieces with the AARP Medicare Supplement name or logo.**

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

## Sales and Marketing Materials Rules (continued)

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

- Use only approved pieces.
- Verify that the piece has been approved in the state(s) you would like to market in. If you do not see a state listed in the toolkit or materials area of the portal, the piece is not approved for use in that state. Check back frequently, as states are added when approvals are received.
- Altering the pieces is prohibited (excluding the editable fields). You must not remove, edit, move or add information to the pieces. You may not make pieces smaller because each state's Department of Insurance requires a minimum font size.
- Common marketing materials may not be used in an e-mail campaign or posted to your website. Exception: E-mail campaigns are permissible with agent recruitment efforts. See approved material on the toolkit.
- You may not make cold calls as highlighted in the Branded Products Addendum (Exhibit B) in your contract. And you cannot follow up with your mail recipients to see if they received your mailing or flyer.
- Attaching business cards or labels of any sort with your contact information or other messaging to approved materials is prohibited. You may add your personalized contact information only where indicated on approved marketing pieces prior to downloading or printing material.

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

**Distribution of materials to uncertified producers is strictly prohibited.**

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

As a reminder, be sure to register all events, educational or marketing/sales, formal or informal, with the Centers for Medicare & Medicaid Services (CMS) in the event

consumers may have questions on Prescription Drug Plans or Medicare Advantage Plans.

## The Authorized to Offer (A2O) Program

Through the Authorized to Offer AARP® Medicare Plans program (A2O), UnitedHealthcare recognizes agents who have met and continue to meet all certification standards, demonstrate competency on AARP Medicare Supplement Plans, insured by UnitedHealthcare Insurance Company, and serve AARP members' best interests. The program differentiates A2O agents by providing exclusive access to AARP-branded marketing materials.

The A2O program is split into levels that are generally defined by the underlying requirements. Access to specific types of marketing materials is defined by the agent's A2O level.

**Level 0** An agent with an A2O **Level 0** status has not completed certification requirements for any AARP-branded product, therefore they are not authorized to offer AARP Medicare Plans. A2O **Level 0** agent will not have access to marketing and enrollment materials for these products.

### **Level 1 Available to all agents who have completed the A2O Level 1 requirements:**

- Quality Production Minimums (QPMs)\*
- AARP 101 (Orientation) Training Course
- UnitedHealthcare Medicare Solutions Required Training and at least one AARP-branded product training course per year
- Community Service Attestation

### **Level 2 Available to those agents who have:**

- Completed the A2O Level 1 requirements noted above with higher QPMs
- AARP 231 (Mature Markets) Training
- Completed all three AARP-branded product training requirements

\*QPMs are defined on page 26. Please review those details in addition to the highlights included on the next page.

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

Access to specific types of marketing materials is defined by the agent's A2O level:

Requirements	Level 1 Agents	Level 2 Agents
Has completed at least one (1) AARP-branded certification requirement.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Has met the quality production minimum by submitting at least five (5) accepted and paid sales of AARP Medicare Supplement Plans.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Has completed all three (3) AARP-branded certification requirements.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Has met the quality production minimum of thirty (30) or more accepted and paid sales of AARP Medicare Supplement Plans.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Has completed the certification course called Mature Markets.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

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

MARKETING

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

### Quality Production Minimum Qualifications

#### Level 1

From January through December of each year, agents must submit at least **five (5) accepted and paid sales\* of AARP Medicare Supplement Plans** to retain A2O Level 1 status. Agents who fail to attain the quality production minimum will be de-authorized from offering AARP Medicare Supplement plans for 60 days.\*\*

During the de-authorization period, submitted AARP Medicare Supplement enrollment applications will not be considered commission-eligible. De-authorization status will be displayed on the certificate page on the agent portal. Agents will be listed as Level 1 status on the agent portal during the de-authorization period.

Active Level 1 agents with 100 or more AARP Medicare Supplement active members in their book of business at the end of the measurement period will not be de-authorized. If an agent does not meet the Level 1 quality production minimums for two consecutive years, he/she will be permanently de-authorized and will not be permitted to offer AARP Medicare Supplement Insurance Plans.

**Note:** You can continue to offer AARP® MedicareComplete® and AARP® MedicareRx Plans, insured by UnitedHealthcare, during the de-authorization period.

#### Level 2

EDC and ICA agents who submit at least **thirty (30) or more accepted and paid sales\* of AARP Medicare Supplement Plans** and are certified to offer all three AARP-branded products (Medicare Supplement, Medicare Advantage and Part D Prescription Drug Plans)

will be invited into A2O Level 2 status where they must complete one additional certification course to offer AARP-branded products called Mature Markets. Level 2 agents must maintain the Level 2 production minimum and certification requirements each year from January through December to continue using Level 2 materials.

ISR agents may complete the Mature Markets certification course for Level 2 status once they have at least one AARP-branded product certification completed.

Active Level 2 agents with 200 or more AARP Medicare Supplement active members in their book of business at the end of the measurement period will retain Level 2 status and will continue to have access to Level 2 A2O program materials.

### A2Oh! Rewards Program (New!)

Level 2 agents can now earn points towards cash rewards on commission-eligible and accepted AARP Medicare Supplement Insurance Plan and Select Plan applications for consumers over age 65. Eligible agents can earn as much as \$7,500 per year in cash rewards!

And to honor top-performing sales success, in addition to earning cash payouts, Level 2 agents (who have 125 or more accepted and paid sales in their book of business for the calendar year) will also be eligible to earn a travel award! Based on the total number of accepted and paid sales during the qualification period, an agent may choose from packages like a four-day/three-night trip for two to Walt Disney World; or a five-day/four-night trip for two to Riviera Maya, Mexico; to a seven-day/six-night trip for two to Rome, Italy; or even a seven-day/six-night trip for two to Tahiti, French Polynesia!

For complete details on this new exciting A2Oh! Rewards program, please reference the A2O program guidelines.

**Note:** Rewards are in addition to your existing plan commissions. Eligibility and rewards may vary for some states.

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

\*\* Agents may be subject to de-authorization at any time.

**Exclusions:** Applications for members residing in Minnesota, North Dakota, West Virginia and Washington are not currently eligible to count towards points or trip rewards.

## Status

Agents can view their A2O status on the agent portal under Manage Your Account > Agent Information. See the field “A2O Level” to view your current A2O level.

## Guidelines

For more information regarding marketing guidelines and A2O program rules, see the full A2O program guidelines, which can be found on the agent portal within the “Product Information and Materials” tab under “Authorized to Offer.”

**Note:** Level 2 materials are for agents who have Level 2 A2O status. Qualified Level 2 agents may not share Level 2 materials with Level 0 or 1 agents. Materials must not be used to generate leads to be provided to Level 0 or 1 agents.

Program rules and quality production minimums are subject to change.

## AARP Services, Inc. Agent Visits

All UnitedHealthcare agents that are Authorized to Offer Level 1 or Level 2 are subject to quality-control visits from staff members of ASI Distribution.

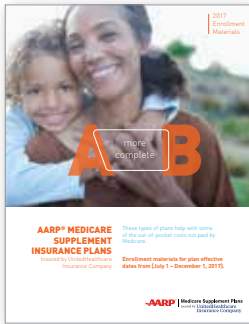
The purpose of these visits is to ensure that agents are meeting all code of ethics and other contractual obligations to UnitedHealthcare related to participation in the A2O program for the AARP-branded products.

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

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

# Enrolling Applicants

## Enrollment Kits



Enrollment kits are available for all producers who are certified by UnitedHealthcare to offer AARP Medicare Supplement Insurance Plans. The enrollment kits contain all of the materials necessary to complete a sale. It is important to deliver the enrollment kit in its entirety to the applicant, including when

submitting an enrollment application through the AARP Medicare Supplement Online Enrollment tool, formerly known as **SmartEnroll**, which is now accessible through UnitedHealthcare’s **Landmark Electronic Application Navigator (LEAN)** tool.

Please verify you have current materials. Using outdated materials may cause a paper application to be delayed or rejected, or may cause you to quote an incorrect premium rate.

You can order enrollment kits by accessing the agent portal. Simply log in and click on “Product Information and Materials,” then “Sales Materials.” If you have an urgent need for a kit, you may download it from the agent portal while you await your order.

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

### Did you know?

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

## Enrollment Applications

**You must use the agent version** of the AARP Medicare Supplement application, which includes the code 2460720307 at the bottom of the first page of the paper application. Agent versions of the paper application are included in the enrollment kits available through the portal’s “Product Information and Materials” section. If you opt to submit the enrollment application online, please be sure to use the AARP Medicare Supplement Online Enrollment tool via LEAN and not the consumer-facing website ([www.AARPMedicarePlans.com](http://www.AARPMedicarePlans.com)). For more detailed information about submitting an Online Enrollment application, please see the “Submitting an Enrollment Application” later within this section. If you do not use the agent application or you use it in combination with a pre-printed consumer application that was received by the consumer in the mail, you will not be paid a commission on the application.

Prior to filling out the application, you should:

- Confirm the applicant is or will be enrolled in Medicare Part A and Part B at the time coverage will be in effect
- Confirm the applicant is an AARP member (see “AARP Membership” on page 8 for more details)
- Review plan options with the applicant and provide guidance to the plan that best fits his or her needs

- Indicate the applicant’s plan selection and desired effective date on the application. If the applicant has current health coverage, please note on the application in the appropriate spot.

### Did you know?

You can find a detailed sample application with helpful hints about enrollment applications, called the AARP Medicare Supplement Application Guide, on the agent portal.

Simply log into the agent portal and navigate to “Product Information and Materials,” then “Sales Materials.”

## Applicants Replacing Coverage

### Replacement Notice

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

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

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

### Continuous Coverage

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

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

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

### Replacing a Medicare Advantage Plan

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

## Enrollment Checklist

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

### Enrollment Application

- Complete all required sections of the application, including:**
    - AARP membership number (if a member or another individual living in the same household is a member)
    - Applicant’s demographic information such as First Name, Middle Initial, Last Name, and Permanent Home Address
- Note:** Applicants are now able to provide an additional temporary mailing address for instances where the applicant has two households throughout a year. The member may call to have their member communications mailed to their temporary mailing address but must call back to reinstate the permanent mailing address.
- The applicant’s plan selection
  - The conditions of eligibility and authorization

## Enrollment Applications

(continued)

- Requested effective date (if left blank, the effective date will be the first day of the month after **receipt** of paper application)
- Health questions (if applicable)

**Note:** These questions have changed on the application, including a response of “Not Sure” as an option.

- Signatures and dates
- Applicant’s current health coverage (if applicable)
- Documentation that supports Guaranteed Issue (if applicable). For example, termination notice or notification of rights that the applicant received from their prior insurer or employer.

### Signatures:

- Applicant(s) must sign the “Tell us about your past and current coverage” section.
- Applicant(s) must sign and date in two places in the “Authorization and Verification of Information” section.
- Agent must sign and date the last page of the application.

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

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

### All signatures must be clearly written.

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

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

Online enrollment electronic signatures must be captured using either a signature pad or touch device (tablet).

### AARP Membership:

If an applicant is not an AARP member, they can sign up for AARP membership through one of the following methods:

- If submitting through the AARP Medicare Supplement Online Enrollment tool, a consumer can join, renew or verify AARP membership through the AARP membership portal.
- Join, renew or verify AARP membership online at MyAARPConnection.com. You will need to register for MyAARPConnection.com upon first visiting the website. (See “MyAARPConnection.com” in the AARP Medicare Supplement Insurance section on page 8 of this Handbook for more details.)
- Call 1-866-331-1964. Representatives are available Mon. - Fri., 7am-11pm and Sat., 9am-5pm ET.
- If submitting a paper application, complete an AARP membership form (in kit) and a separate check for dues, payable to AARP.

**Note:** One membership covers both the member and another individual living in the same household. Therefore, only one membership application is required if two individuals of a household are applying for AARP membership.

**Exception:** If two individuals in the same household want separate bank accounts for Electronic Funds Transfer (EFT), the individuals will need separate memberships, and will lose any multi-insured discount that may have applied to a single household.

- Dues are not deductible for income tax purposes.

### Electronic Funds Transfer (EFT) Discount:

- Complete and submit the Automatic Payment Authorization form in its entirety if applicants want to pay future premiums by deducting their payment from their checking or savings account.
- When using the AARP Medicare Supplement Online Enrollment tool, applicants with a requested effective date of less than 30 days from the submission date will be required to pay the first month’s premium payment via EFT and it will be withdrawn from their savings or checking account within 24 hours of their acceptance.



Applicants with requested effective dates of more than 30 days from the submission date will have the option to sign up for recurring EFT withdrawals or monthly coupon payments. The one-time immediate EFT withdrawal will not be required from these applicants.

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

For more information on Electronic Funds Transfer, please see the “Application Processing” section under “Billing Options” on page 37 in this Handbook.

**Premium Check:**

- You may collect and remit for the first month’s premium. (If the applicant is changing from one AARP Medicare Supplement Plan to another AARP Medicare Supplement Plan, do not send any money.)
- Make checks payable to **UnitedHealthcare Insurance Company.**
- Please print the applicant’s full name on the memo line of the check.
- If submitting paper applications for two applicants in the same household, submit a separate check for each applicant.

**Replacement Notice: Complete and submit, if applicable.**

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

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

## Provide to Applicant

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

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

## Application and Commission Processing Delays

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

### Application Delays

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

### Commission Delays

- Agent ID missing, illegible, or incorrect

## Application and Commission Processing Delays (continued)

- Inserting the agent signature page with a pre-printed consumer application that was received by the consumer in the mail

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

If you would like to provide additional documents for pending applications, or new EFT set up, please mail or fax per below.

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

You may mail documents to:

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

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

For EFT documents, you may mail them to:

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

## Submitting an Enrollment Application

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

1. Mail a paper enrollment application
2. Online through the AARP Medicare Supplement Online Enrollment tool through **LEAN**

3. Fax a paper enrollment application

### Mailing Paper Applications



Please mail all appropriate paper applications, checks and forms in the postage-paid business reply envelope included in the enrollment kit. If the envelope is lost or misplaced, please mail to:

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

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

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

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

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

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

### Multiple Application Cover Sheet

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

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

The Multiple Application Cover Sheet can be downloaded from the agent portal by logging in and clicking on “Product Information and Materials,” then “Sales Materials.”

## Online Enrollment

### What's New!

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

The AARP Medicare Supplement Online Enrollment tool within **LEAN** will continue to offer the same great features, like seeing potential rates immediately after entering basic member information, along with being compatible with tablets and the latest browsers.

We are also excited to announce a few new enhancements! This tool now offers consumers the option to receive their Plan Documents (formerly known as Welcome Kits) electronically. This option is currently available through the AARP Medicare Supplement Online Enrollment tool within **LEAN** and not via paper applications.

UnitedHealthcare has also updated consumer billing options based on agent and consumer feedback. Consumers with requested effective dates of more than 30 days from the submission date will have the option to sign up for recurring Electronic Funds Transfer (EFT) withdrawals or monthly coupon payments. The one-time immediate EFT withdrawal will not be required from these consumers. Please note: consumers who request an effective date of less than 30 days from the submission date will be required to pay the first month's premium payment via EFT through their savings or checking account within 24 hours of their acceptance.

Along with these new enhancements, the AARP Medicare Supplement Online Enrollment tool within **LEAN** continues to:

- Offer the ability to see potential rates quickly and easily after entering basic member information.
- Provide streamlined steps which only show the necessary questions and forms for each applicant based on initially entered personal data.

- Allow you to view immediate application statuses of "accepted" or "pending" after selecting "submit" (status is shown on the confirmation page and on the view saved/submitted dashboard).

While AARP Medicare Supplement Online Enrollment is now accessible via **LEAN**, the tool is only available with an Internet connection (no offline option yet). Signature pads and touch screens continue to be supported signature capture options.

### About AARP Medicare Supplement Online Enrollment

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

The tool also allows you to:

- Enroll, renew or verify AARP membership for the applicant.
- Fill out ancillary forms, such as the replacement notice, if required.

Note: One of these options must be chosen for the applicant to enroll.

- Save/resume an AARP Medicare Supplement enrollment application (up to 90 days).
- Review submitted AARP Medicare Supplement enrollment applications (up to 90 days).

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

E-mail addresses are required for both the agent and consumer. The consumer is asked to provide consent to allow UnitedHealthcare to send important account information and product offers via email. If the consumer prefers not to consent, then you must submit a paper enrollment application and exclude the consumer's email address from the paper enrollment application.

# Submitting an Enrollment Application (continued)

## How to Access AARP Medicare Supplement Online Enrollment

As mentioned above, you can now begin enrolling consumers for an AARP Medicare Supplement Plan through **LEAN**. Download the **LEAN** app from the App Store, Google Play Store or access it online at <https://lean.uhc.com/prweb/PRWebLDAP2>.

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

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

## Capturing Signatures

The AARP Medicare Supplement online enrollment application requires signatures to be captured from you and the applicant. To capture signatures, you must utilize a signature pad or touch device (tablet). Before you begin an online enrollment application, confirm that the consumer understands and is willing to sign the forms electronically via signature pad or touch device. Note: A one-time installation of software is required for new Topaz signature pad users prior to using online enrollment. Please review the technical requirements document on how to download.

## Electronic Plan Documents (New!)

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

Consumers will also have the ability to:

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

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

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

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

## Faxing Documents for Online Enrollment

If you have additional documents (such as Legal or Guaranteed Issue documents) that are needed to process the online enrollment application, please fax in the required documents to the following fax number: **248-524-5747**. This fax number must only be used to provide additional documentation for applications submitted via online enrollment.

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

## Need Help?

For complete instructions on how to use the AARP Medicare Supplement Online Enrollment tool, as well as helpful tips, technical specifications and FAQs, please refer to the agent portal.

## Faxing Applications



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

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

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

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

**FAX Number: 1-888-836-3985**

### Things to remember when submitting applications:

- Use only one application submission method: If the same application is faxed and mailed, the application received second will automatically be denied.
- Create a separate fax transmission for each applicant. Do not combine multiple applications in the same fax, as this can result in a potential privacy sharing issue.
- **Fax application pages in correct numerical order.**

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

# Application Processing

Once we receive an application, we scan it into our system. Typically, we process applications within 10 business days; however, the process could be quicker or slower depending on the completeness and accuracy of the application and the level of underwriting required.

Applicants can send their first month's premium with the application, and they must submit monthly payments to sustain coverage. For paper applications, if they submit an Automatic Payment Authorization form with the application, the electronic withdrawal will be set up for either the month after the application has been accepted or the effective month if later.

For online enrollment submission, applicants with a requested effective date of less than 30 days from the submission date will be required to pay the first month's premium payment via EFT through their savings or checking account within 24 hours of their acceptance.

Note: Applicants with requested effective dates of more than 30 days from the submission date will have the option to sign up for recurring EFT withdrawals or monthly coupon payments. The one-time immediate EFT withdrawal will not be required from these applicants.

## Effective Dates

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

### No Effective Date on Paper Application



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

**Example:** If an application is received on 9/15, the effective date will be 10/1.

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

### Requested Effective Date

Applicants who would like to request a specific effective date should fill out the "Requested Effective Date" box on page 2 of the application or section 1 of the AARP Medicare Supplement Online Enrollment tool. This date must be the 1st of a month.

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

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

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

### Applicants Turning Age 65

Applicants who will become eligible for Medicare at age 65 can submit their application up to 90 days before their 65th birthday month (for the coverage to become effective in coordination with their Medicare effective date). If we receive the application more than 90 days before the 65th birthday month, we will hold it until the effective date is within 90 days. All other applicants must wait to apply within 90 days of the requested effective date.

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

## Application Status



You may check the status of submitted applications on the agent portal. Simply log in and click on the "Applications and Enrollments" tab. Search the system by filling out the applicant search form. If application is pending, use the mouse to hover over the Reason for more detail about the pended application.

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

## Billing Options

AARP Medicare Supplement plan holders have the following billing options:

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

To put this payment method into effect, applicants who are applying through a paper enrollment need to fill out an Automatic Payment Authorization form (included in the enrollment kit) which can be submitted with the application. Applicants must keep a copy of the completed Automatic Payment Authorization form. The form can be submitted with the application and a check for the first month's premium.

If applicants are applying through the AARP Medicare Supplement Online Enrollment tool, applicants with a requested effective date of less than 30 days from the submission date will be required to pay the first month's premium payment via EFT through their savings or checking account within 24 hours of their acceptance.

**Note:** AARP Medicare Supplement Online Enrollment applicants with requested effective dates of more than 30 days from the submission date will have the option to sign up for recurring EFT withdrawals or monthly coupon payments. The one-time immediate EFT withdrawal will not be required from these applicants.

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

**Note:** For online enrollment, the first month's premium will be withdrawn the next business day.

If a paper application is submitted with an Automatic Payment Authorization form but **does not include a check** for the first month's premium, the policy will be overdue until the first month's payment is submitted.

**Example:** A paper application is submitted on January 31 and accepted February 6 with a requested effective date of February 1 but no payment for the first month's premium was included. Because the application was accepted on February 6, which is past the 5th of the month, the Electronic Funds

Transfer (EFT) will process on March 5 for one month's premium only, meaning the policy will be paid through February only and will continue to be past due until the initial premium payment is made. The member should make a one-time payment to avoid this issue. On April 5, the Electronic Funds Transfer (EFT) will draw one month's premium and apply it to March's premium.

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

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

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

## Billing Procedures

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

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

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

## Billing Procedures (continued)

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

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

## Member Claims Forms

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

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

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

# Producer Compensation

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

## Commission Status – EDC and ICA agents only

You can look up your commission status on the agent portal. Once logged in, click on the Commission Status tool and fill out the search fields. If you have questions, please contact the Producer Help Desk at 1-888-381-8581, Monday through Friday, 8:00 a.m. to 9:00 p.m. EST.

The following chart will assist in understanding the internal codes:

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



# Member Communications

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

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

New for 2017, when a member is enrolled through the AARP Medicare Supplement Online Enrollment tool within **LEAN**, they now have the option to receive their Plan Documents electronically. This option is not currently available via paper applications. For more information about this new online feature, see the "Online Enrollment" section under "Enrolling Applicants" in this Handbook.

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

- **STRIVE Newsletter** – This newsletter provides the member with articles and tips for a healthy lifestyle.
- **Annual Rate Notification** – Informs insured members of their new rates for the coming year. Generally, the annual rate notification is sent out in the fall.
- **Plan Review Kit and Communications** – A communication with product/plan specific information is sent to insured members annually in the 4th quarter. Other communications may be sent, such as legally required mailings, product changes and other retention-driven mailings.

- **MyAARPMedicare.com** – This is a member-authenticated website where the member can sign up with their Member ID once they have received their card. This online tool provides the member with information specific to their plan information, claims, payments and more.
- **Beginsat50.com** – This website is a general information website for the member, which can be accessed from a promotional code within the STRIVE Newsletter or by calling 1-866-387-7550. You may provide members who have paid their first month's premium payment with the following access code: AMEDSUP.

For additional information about Value-Added Services and AARP Memberships that may benefit the member after becoming enrolled, please see the AARP Medicare Supplement section on pages 6 through 9 of this Handbook.

# Contact UnitedHealthcare

## Agent Customer Service

### Producer Help Desk

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

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

You may e-mail the PHD for any non-member issue, such as commissions, certifications, etc. Do not e-mail member-specific information, questions or documents to the PHD.

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

**Phone:** 1-888-381-8581

Monday through Friday  
8:00 a.m.–9:00 p.m. EST

Be prepared to enter your agent ID.

All agent calls should be initiated through the PHD telephone.

### Inquiries Made on Behalf of an Existing Member

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

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

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

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

Please note: The PHD cannot provide premium rate quotes; however, they can assist you in using the Rate Pages.

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

## Member Customer Service

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

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

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

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

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

**Please note, agents should not use the above phone numbers. Agents should call the PHD and follow telephone selections based on the issue.**

# Appendix I

## Completing the Application: Medical Terms and Conditions Glossary

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

Terms found on the application	What those terms generally mean
Advice	<p>A medical professional’s opinion regarding what an individual should do to maintain or improve their health.</p> <p>Examples of advice may include but are not limited to:</p> <ul style="list-style-type: none"> <li>• giving a diagnosis</li> <li>• prescribing medication</li> <li>• ordering tests, lab work, surgery or follow-up visits, or</li> <li>• providing referrals to other medical providers</li> </ul>
Artery or Vein Blockage	<p>A blockage of a vein or artery that restricts blood flow. It may be caused by a build-up of plaque, fat, cholesterol or other substances or by an embolism or blood clot.</p> <p>It may be treated with medication or surgery, including but not limited to artery or vein bypass, stent or angioplasty.</p>
Cancer	<p>A malignant growth or malignant tumor caused when cells multiply uncontrollably. <i>Some types of cancer include carcinoma, lymphoma, leukemia, melanoma, myeloma, malignant neoplasm, or sarcoma.</i></p>
Cardiomyopathy	<p>A weakening of the heart muscle for any reason.</p>
Chronic Kidney Disease	<p>A chronic loss of the ability of the kidneys to remove waste from the blood. <i>Also known as Chronic Renal Failure or Chronic Renal Insufficiency.</i></p>
Chronic Obstructive Pulmonary Disease (COPD)	<p>A lung disease including emphysema and chronic obstructive bronchitis that makes it difficult to breathe or catch your breath. <i>Also known as COPD, chronic obstructive lung disease (COLD) or chronic obstructive airway disease (COAD).</i></p>

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

Terms found on the application	What those terms generally mean
Leukemia	A blood or bone marrow cancer causing abnormal blood cell production (usually white blood cells). <i>Also known as AML, ALL, CML or CLL.</i>
Lymphoma	An immune system cancer that often starts in the lymph nodes as a malignant tumor. <i>Also known as non-Hodgkin's lymphoma (NHL) or Hodgkin's (HL).</i>
Melanoma	A malignant growth or malignant tumor caused by uncontrolled growth of pigment cells, usually originating in the skin or eye(s).
Peripheral Vascular Disease (PVD)	Includes all conditions involving poor blood flow or poor circulation to the arms, hands, legs or feet. <i>Includes peripheral artery disease (PAD).</i>
Retinopathy	Damage to the retina of the eye. <i>Also known as wet retina or macular edema.</i>
Stroke, Transient Ischemic Attack (TIA), or mini-stroke	Loss of blood flow to an area of the brain, which may result in the sudden onset of permanent (stroke) or temporary (TIA) symptoms. <i>Also known as cerebrovascular accident (CVA).</i>
Treat	A medical professional: <ul style="list-style-type: none"> <li>• provides medical care or advice</li> <li>• orders tests</li> <li>• prescribes medication, or</li> <li>• determines that you need surgery or therapy</li> </ul>

# Appendix II

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

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

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

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

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

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

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

### Partial Prescription Drug List

Drug Name	Medical Condition 1	Medical Condition 2
<b>Aggrenox</b>	Stroke, Transient Ischemic Attack (TIA), Mini-stroke	
<b>anastrozole</b>	Cancer: breast	
<b>Arimidex</b>	Cancer: breast	
<b>Aromasin</b>	Cancer: breast	
<b>Bicalutamide</b>	Cancer: prostate	

Drug Name	Medical Condition 1	Medical Condition 2
<b>Brilinta</b>	Coronary Artery Disease (CAD)	Heart Attack
<b>Capecitabine</b>	Cancer: breast, colon, rectal	
<b>casodex</b>	Cancer: prostate	
<b>Cilostazol</b>	Peripheral Vascular Disease (PVD)	
<b>clopidogrel</b>	Coronary Artery Disease (CAD)	Heart Attack
<b>clopidogrel</b>	Stroke, Transient Ischemic Attack (TIA), Mini-stroke	
<b>Digoxin</b>	Congestive Heart Failure (CHF), Cardiomyopathy	Cardiomyopathy
<b>Dipyridamole + aspirin</b>	Stroke, Transient Ischemic Attack (TIA), Mini-stroke	Carotid Artery Disease
<b>Effient</b>	Coronary Artery Disease (CAD)	
<b>Entresto</b>	Congestive Heart Failure (CHF)	Cardiomyopathy
<b>erlotinib</b>	Cancer: lung, pancreatic	
<b>exemestane</b>	Cancer: breast	
<b>Gleevec</b>	Leukemia	
<b>Ibrance</b>	Cancer: breast	
<b>imatinib</b>	Leukemia	
<b>Isordil</b>	Coronary Artery Disease (CAD)	
<b>isosorbide</b>	Coronary Artery Disease (CAD)	
<b>Lanoxin</b>	Congestive Heart Failure (CHF)	Cardiomyopathy
<b>Minitran</b>	Coronary Artery Disease (CAD)	
<b>Nexavar</b>	Cancer: kidney, liver, thyroid	
<b>Nitro-Dur</b>	Coronary Artery Disease (CAD)	
<b>nitroglycerin</b>	Coronary Artery Disease (CAD)	
<b>Nitrostat</b>	Coronary Artery Disease (CAD)	
<b>palbociclib</b>	Cancer: breast	
<b>pentoxifylline</b>	Peripheral Vascular Disease (PVD)	
<b>Plavix</b>	Stroke, Transient Ischemic Attack (TIA), Mini-stroke	Heart Attack
<b>Plavix</b>	Coronary Artery Disease (CAD)	
<b>Pletal</b>	Peripheral Vascular Disease (PVD)	
<b>prasugrel</b>	Coronary Artery Disease (CAD)	
<b>Ranexa</b>	Coronary Artery Disease (CAD)	

Drug Name	Medical Condition 1	Medical Condition 2
<b>ranolazine</b>	Coronary Artery Disease (CAD)	
<b>Sacubitril/ valsartan</b>	Congestive Heart Failure (CHF)	Cardiomyopathy
<b>sorafenib</b>	Cancer: kidney, liver, thyroid	
<b>sunitinib</b>	Cancer: kidney, pancreatic, intestinal	
<b>Sutent</b>	Cancer: kidney, pancreatic, intestinal	
<b>Tarceva</b>	Cancer: lung, pancreatic	
<b>Temodar</b>	Cancer: brain, bone	
<b>temozolomide</b>	Cancer: brain, bone	
<b>ticagrelor</b>	Coronary Artery Disease (CAD)	Heart Attack
<b>Ticlid</b>	Stroke, Transient Ischemic Attack (TIA), Mini-stroke	Carotid Artery Disease
<b>Ticlopidine</b>	Stroke, Transient Ischemic Attack (TIA), Mini-stroke	
<b>Trental</b>	Peripheral Vascular Disease (PVD)	
<b>Xeloda</b>	Cancer: breast, colon, rectal	



# Appendix III

## Cover Page - Rates Non-Tobacco Monthly Plan Rates for Arizona AARP® Medicare Supplement Insurance Plans Insured by UnitedHealthcare Insurance Company

<b>Group 1</b>										
Applies to individuals whose plan effective date will be within ten years following their 65th birthday or Medicare Part B effective date, if later.										
Age <sup>1</sup>	Plan A	Plan B	Plan C	Select C <sup>2</sup>	Plan F	Select F <sup>2</sup>	Plan G	Plan K	Plan L	Plan N
<b>Standard Rates with Enrollment Discount<sup>3</sup> for individuals ages 65-76 whose acceptance is guaranteed or who do not have any of the medical conditions on the application<sup>4</sup>.</b>										
65	\$84.48	\$121.92	\$138.40	\$118.24	\$139.36	\$119.84	\$118.40	\$41.92	\$76.96	\$95.20
66	\$88.44	\$127.63	\$144.88	\$123.78	\$145.89	\$125.45	\$123.95	\$43.88	\$80.56	\$99.66
67	\$92.40	\$133.35	\$151.37	\$129.32	\$152.42	\$131.07	\$129.50	\$45.85	\$84.17	\$104.12
68	\$96.36	\$139.06	\$157.86	\$134.86	\$158.95	\$136.69	\$135.05	\$47.81	\$87.78	\$108.58
69	\$100.32	\$144.78	\$164.35	\$140.41	\$165.49	\$142.31	\$140.60	\$49.78	\$91.39	\$113.05
70	\$104.28	\$150.49	\$170.83	\$145.95	\$172.02	\$147.92	\$146.15	\$51.74	\$94.99	\$117.51
71	\$108.24	\$156.21	\$177.32	\$151.49	\$178.55	\$153.54	\$151.70	\$53.71	\$98.60	\$121.97
72	\$112.20	\$161.92	\$183.81	\$157.03	\$185.08	\$159.16	\$157.25	\$55.67	\$102.21	\$126.43
73	\$116.16	\$167.64	\$190.30	\$162.58	\$191.62	\$164.78	\$162.80	\$57.64	\$105.82	\$130.90
74	\$120.12	\$173.35	\$196.78	\$168.12	\$198.15	\$170.39	\$168.35	\$59.60	\$109.42	\$135.36
75	\$124.08	\$179.07	\$203.27	\$173.66	\$204.68	\$176.01	\$173.90	\$61.57	\$113.03	\$139.82
76	\$128.04	\$184.78	\$209.76	\$179.20	\$211.21	\$181.63	\$179.45	\$63.53	\$116.64	\$144.28
<b>Standard Rates for ages 77 and older whose acceptance is guaranteed or who do not have any of the medical conditions on the application<sup>4</sup>.</b>										
77+	\$132.00	\$190.50	\$216.25	\$184.75	\$217.75	\$187.25	\$185.00	\$65.50	\$120.25	\$148.75
<b>Level 2 Rates for individuals ages 65 and older whose acceptance is not guaranteed and who have one or more of the medical conditions on the application<sup>4</sup>.</b>										
65+	\$198.00	\$285.75	\$324.37	\$277.12	\$326.62	\$280.87	\$314.50	\$98.25	\$180.37	\$223.12
<b>Group 2</b>										
Applies to individuals whose plan effective date will be ten or more years following their 65th birthday or Medicare Part B effective date, if later.										
Age <sup>1</sup>	Plan A	Plan B	Plan C	Select C <sup>2</sup>	Plan F	Select F <sup>2</sup>	Plan G	Plan K	Plan L	Plan N
<b>Level 1 Rates for individuals ages 75 and older whose acceptance is guaranteed or who do not have any of the medical conditions on the application<sup>4</sup>.</b>										
75+	\$145.20	\$209.55	\$237.87	\$203.22	\$239.52	\$205.97	\$203.50	\$72.05	\$132.27	\$163.62
<b>Level 2 Rates for individuals ages 75 and older whose acceptance is not guaranteed and who have one or more of the medical conditions on the application<sup>4</sup>.</b>										
75+	\$198.00	\$285.75	\$324.37	\$277.12	\$326.62	\$280.87	\$314.50	\$98.25	\$180.37	\$223.12

The rates above are for plan effective dates from July - December 2017 and may change.

MRP0080

AZ 7-17

**Cover Page - Rates Tobacco Monthly Plan Rates for Arizona**  
**AARP® Medicare Supplement Insurance Plans Insured by UnitedHealthcare Insurance Company**

<b>Group 1</b>										
Applies to individuals whose plan effective date will be within ten years following their 65th birthday or Medicare Part B effective date, if later.										
Age <sup>1</sup>	Plan A	Plan B	Plan C	Select C <sup>2</sup>	Plan F	Select F <sup>2</sup>	Plan G	Plan K	Plan L	Plan N
<b>Standard Rates with Enrollment Discount<sup>3</sup> for individuals ages 65-76 whose acceptance is guaranteed or who do not have any of the medical conditions on the application<sup>4</sup>.</b>										
65	\$92.92	\$134.11	\$152.23	\$130.06	\$153.29	\$131.82	\$130.24	\$46.11	\$84.65	\$104.71
66	\$97.28	\$140.39	\$159.37	\$136.15	\$160.47	\$137.99	\$136.34	\$48.27	\$88.62	\$109.62
67	\$101.64	\$146.68	\$166.50	\$142.25	\$167.66	\$144.17	\$142.45	\$50.43	\$92.58	\$114.53
68	\$105.99	\$152.97	\$173.64	\$148.35	\$174.84	\$150.35	\$148.55	\$52.59	\$96.55	\$119.44
69	\$110.35	\$159.25	\$180.78	\$154.44	\$182.03	\$156.53	\$154.66	\$54.75	\$100.52	\$124.35
70	\$114.70	\$165.54	\$187.91	\$160.54	\$189.22	\$162.71	\$160.76	\$56.91	\$104.49	\$129.25
71	\$119.06	\$171.83	\$195.05	\$166.64	\$196.40	\$168.89	\$166.87	\$59.08	\$108.46	\$134.16
72	\$123.42	\$178.11	\$202.18	\$172.73	\$203.59	\$175.07	\$172.97	\$61.24	\$112.42	\$139.07
73	\$127.77	\$184.40	\$209.32	\$178.83	\$210.77	\$181.25	\$179.08	\$63.40	\$116.39	\$143.98
74	\$132.13	\$190.69	\$216.46	\$184.93	\$217.96	\$187.43	\$185.18	\$65.56	\$120.36	\$148.89
75	\$136.48	\$196.97	\$223.59	\$191.02	\$225.14	\$193.61	\$191.29	\$67.72	\$124.33	\$153.80
76	\$140.84	\$203.26	\$230.73	\$197.12	\$232.33	\$199.79	\$197.39	\$69.88	\$128.30	\$158.71
<b>Standard Rates for ages 77 and older whose acceptance is guaranteed or who do not have any of the medical conditions on the application<sup>4</sup>.</b>										
77+	\$145.20	\$209.55	\$237.87	\$203.22	\$239.52	\$205.97	\$203.50	\$72.05	\$132.27	\$163.62
<b>Level 2 Rates for individuals ages 65 and older whose acceptance is not guaranteed and who have one or more of the medical conditions on the application<sup>4</sup>.</b>										
65+	\$217.80	\$314.32	\$356.80	\$304.83	\$359.28	\$308.95	\$345.95	\$108.07	\$198.40	\$245.43
<b>Group 2</b>										
Applies to individuals whose plan effective date will be ten or more years following their 65th birthday or Medicare Part B effective date, if later.										
Age <sup>1</sup>	Plan A	Plan B	Plan C	Select C <sup>2</sup>	Plan F	Select F <sup>2</sup>	Plan G	Plan K	Plan L	Plan N
<b>Level 1 Rates for individuals ages 75 and older whose acceptance is guaranteed or who do not have any of the medical conditions on the application<sup>4</sup>.</b>										
75+	\$159.72	\$230.50	\$261.65	\$223.54	\$263.47	\$226.56	\$223.85	\$79.25	\$145.49	\$179.98
<b>Level 2 Rates for individuals ages 75 and older whose acceptance is not guaranteed and who have one or more of the medical conditions on the application<sup>4</sup>.</b>										
75+	\$217.80	\$314.32	\$356.80	\$304.83	\$359.28	\$308.95	\$345.95	\$108.07	\$198.40	\$245.43

The rates above are for plan effective dates from July - December 2017 and may change.

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- 1 Your age as of your plan effective date.
- 2 You must use a network hospital with Select Plans C and F.
- 3 **The Enrollment Discount** is available to applicants age 65 to 76. You may qualify for an Enrollment Discount based on your age and your Medicare Part B effective date.  
The Enrollment Discount is applied to the current Standard Rate. The Standard Rates usually change each year. The discount you receive in your first year of coverage depends on your age on your plan effective date. The discount percentage reduces 3% each year on the anniversary date of your plan until the discount runs out.
- 4 Refer to Section 6 of the application.

*The rates above are for plan effective dates from July - December 2017 and may change.*

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# Questions? Contact the Producer Help Desk (PHD)

**Email:** [phd@uhc.com](mailto:phd@uhc.com)

**Phone:** 1-888-381-8581, Monday – Friday,  
8 a.m. – 9 p.m. EST

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