



AARP[®] Medicare Supplement Insurance Plans

Producer Handbook

2010

PENNSYLVANIA















Please note: the contents of the guide should only be used for plan effective dates of June 1, 2010 – December 1, 2010

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For agent use only – not for distribution as marketing material to the general public

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AARP and its affiliate are not insurance agencies or carriers and do not employ or endorse insurance agents, brokers, representatives or advisors.

Introduction

Congratulations on completing your 2010 AARP® Medicare Supplement Insurance certification. You are now authorized to begin selling the new AARP Medicare Supplement Insurance Plans with 6/1/2010 effective dates and later. 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 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 selling the only Medicare supplement insurance product that carries the AARP name. Good luck in the upcoming selling season.

Who We Are

Ovations

Ovations is one of seven businesses that compose UnitedHealth Group, a Fortune 50 company helping individuals, families and communities improve their health and well-being at all stages of life. Ovations is comprised of five business units: Evercare, SecureHorizons, Insurance Solutions, Group Retiree Services, and Medicare Part D.

Ovations Insurance Solutions

AARP Medicare Supplement Insurance Plans are insured by UnitedHealthcare Insurance Company (UnitedHealthcare Insurance Company of New York for New York residents) and are managed by Ovations Insurance Solutions. Ovations Insurance Solutions is an administrative and operational business dedicated to AARP Medicare Supplement Insurance Plans.

Ovations Insurance Solutions covers more than 3.8 million members with its 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.

In 2007, AARP Services, Inc. extended its contract with Ovations Insurance Solutions for an additional 10 years to continue offering the only Medicare supplement product that carries the AARP name.

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, obtain product-specific and state-specific information, order sales materials, customize marketing pieces, look up application status, view commission status and more!

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

www.unitedhealthproducers.com

(for FMO agents)

www.unitedhealthadvisors.com

(for ICA and ISR agents)

A Quick Look at Medicare and Medicare Supplement Plans

Medicare 101 – The Basics

What is Medicare?

Medicare is health insurance for people:

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

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

Medicare Coverage Options

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

- 1. Original Medicare**, managed by the Federal government, provides Medicare Part A and Part B coverage.
 - **Part A (Hospital Insurance)** – Helps cover inpatient care in hospitals, skilled nursing facilities, hospice care and some home health care if certain conditions are met.

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

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

- 3. Medicare Prescription Drug Coverage (Part D)** – Medicare offers prescription drug coverage for everyone with Medicare (either Original Medicare or Medicare Advantage). Medicare drug plans are run by insurance companies and other private companies approved by Medicare. Beneficiaries must enroll in and pay a separate premium for these plans.

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

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

Medicare Supplement Plans

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

What is a Medicare Supplement Plan?

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

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

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

Medicare supplement plans are identified by letters (such as Plan 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 policy only covers one person. If a married couple wants Medicare supplement coverage, they must buy separate Medicare supplement policies.

Plan Features

Medicare supplement plans offer beneficiaries:

- Help with managing out-of-pocket costs
- The freedom to choose any doctor that accepts Medicare (Select plans require hospital networks)
- 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
- 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 policy issuance

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

<http://www.medicare.gov/Publications/Pubs/pdf/02110.pdf>

Basic Medicare Supplement Benefits After 6/1/2010

- 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 After 6/1/2010	A	B	C	D	F	G	K	L	M	N
Medicare Part A Coinsurance and Hospital Benefits	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Medicare Part A Deductible	-	✓	✓	✓	✓	✓	50%	75%	50%	✓
Medicare Part B Coinsurance or Copayment	✓	✓	✓	✓	✓	✓	50%	75%	✓	Copay ¹
Medicare Part B Deductible	-	-	✓	-	✓	-	-	-	-	-
Medicare Part B Excess Charges	-	-	-	-	✓	✓	-	-	-	-
Blood (First Three Pints)	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓
Foreign Travel Emergency (up to plan limit)²	-	-	✓	✓	✓	✓	-	-	✓	✓
Hospice Care Coinsurance or Copayment	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓
Preventive Care Coinsurance	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Skilled Nursing Facility Coinsurance	-	-	✓	✓	✓	✓	50%	75%	✓	✓
2010 out-of-pocket limit (plans K and L only)³							\$4,620	\$2,310		

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

² Beneficiaries must pay a separate deductible for a foreign travel emergency (\$250 per year).

³ The plan pays 100 percent of covered services for the rest of the calendar year once beneficiaries have paid the out-of-pocket annual limit and annual Part B deductible (\$155 in 2010).

All plans may not be available in all states and 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 may be right for them.

More than 2.8 million beneficiaries have selected AARP Medicare Supplement Insurance Plans 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

- Low, stable annual rate increases averaging approximately 5.4 percent nationally over the last 5 years¹
- Outstanding customer service – 99.8 percent of issues are resolved during the first phone call²
- Satisfied members – 94.4 percent customer satisfaction rating²
- Excellent claims service – 99.4 percent of claims are processed within 10 business days¹
- Special extras, such as pharmacy savings, vision discounts, 24-hour Nurse HealthLine, and SilverSneakers® Fitness Program (not available in all states) **Note: Agents selling in KS and NY cannot discuss these services during pre-sale**
- Members can't be singled out for a rate increase
- Competitive pricing
- Nationwide coverage, including Washington, D.C. and all U.S. territories
- Discounts including Multi-insured and Automatic Payment (availability varies by state)

Value-Added Services

Because Medicare supplement plans are standardized, one of the ways (aside from premium) that we 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.SM

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
- 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: OptumHealth is the provider of Nurse HealthLine. OptumHealth nurses cannot diagnose problems nor recommend specific treatment and are not a substitute for a doctor's care. This service is not an insurance program and may be discontinued at any time. All decisions about health and wellness care are between members and their health care providers.

¹ National aggregate figure. Increases vary by plan, state and year.

² Based on internal 2009 company data. <http://www.aarphealthcare.com/statistics>

AARP® Vision Discounts

AARP Medicare Supplement Insurance members receive immediate savings on routine eye exams and/or eyewear at participating stores, including LensCrafters, Pearle Vision, Sears Optical, Target Optical and JCPenney Optical stores. The AARP Vision Discount program is provided by EyeMed.

Pharmacy Savings

This program can help with:

- Prescription drugs through the AARP Prescription Discount Program through Walgreens Health Initiatives*
- Over-the-counter drugs, vitamins, personal care products and more
- Medicare Part B-reimbursed diabetes testing and respiratory supplies

***Important:** The AARP® Prescription Discount Program, provided by Walgreens Health Initiatives, is not insurance, nor does it replace Medicare Part D prescription drug insurance, and is only intended to provide discounts on prescription drugs that **are not covered** by Part D or another third party payor. This program is not a Medicare Part D prescription drug plan. Members should always present their Part D cards first to the pharmacist.

Prescription drugs – The prescription drug discount program can help members manage their prescription drug costs for those drugs not covered by Part D. Members can realize exclusive savings on FDA-approved medications at participating retail network pharmacies as well as through Walgreens mail service.

Members can find more information at:
www.aarp-pharmacy.com

Over-the-counter medications – The AARP® Health Essentials catalog, provided by Walgreens, can help members save 5 percent or more on qualifying items. Accessible both in print and on the Internet, the catalog offers members a selection of over 22,000 items including vitamins, over-the-counter medications, personal care products and more. AARP members can order at either or both of the following:

- Online at www.aarp-pharmacycatalog.com
- By calling toll-free at 1-866-202-4020

Medicare Part B-reimbursed diabetes testing and respiratory supplies – Through AARP® Medical Supply Services provided by Prescription Solutions, members can enjoy free home delivery on Medicare Part B-reimbursed diabetes testing and respiratory supplies. Prescription Solutions will submit Part B and supplemental insurance claims for the member. They will also make reminder calls to the member when it is time to reorder. Members can find more information at www.aarphealthcare.com/products/medicalsupplies

SilverSneakers Fitness Program

AARP Medicare Supplement Insurance members in some states can now take advantage of the SilverSneakers Fitness Program or SilverSneakers Steps, provided by Healthways, as a value-added service at no additional cost.

With SilverSneakers, members have free access to health center amenities such as treadmills, weights, heated pools and fitness classes that are included with a basic membership. Members can take signature SilverSneakers classes designed specifically for older adults and taught by certified instructors. SilverSneakers members have access to more than 9,000 participating health center locations.

A program called *SilverSneakers Steps* is available to members living 15 miles or more from a participating SilverSneakers health center location. This self-directed, pedometer-based physical activity and walking program provides the equipment, tools and motivation for members to measure, track and increase their activities and achieve a healthier lifestyle.

SilverSneakers/SilverSneakers Steps programs are not available in all states. Additional information will be provided in the event the program expands into other states.

SilverSneakers Fitness Program

The program is currently available in the following states:

Arkansas	Georgia	Nebraska	Texas
Arizona	Illinois	North Carolina	Utah
Colorado	Indiana	Ohio	Wisconsin
Connecticut	Kentucky	Oklahoma	
District of Columbia	Michigan	Tennessee	

Eligibility: Members residing in one of the above states are eligible for the SilverSneakers Fitness Program. Eligibility is based on the member's **resident state** on file. Members who reside in one of the above states can use participating facilities nationwide – even when they travel. However, if members reside in a non-participating state but vacation in a participating state listed above, they will not 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 (United). They are not insurance coverage and may be discontinued at any time. AARP and United do not endorse and are not responsible for the services or information provided by this program. Consult a health care professional with questions about your health care needs.

Plan Availability – Pennsylvania

Medicare beneficiaries age 65 and older

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

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

Medicare beneficiaries age 50-64

The following chart shows the plans available to eligible Medicare beneficiaries age 50–64 residing in Pennsylvania.

What Plans Are Available?	A, B, C, F, K, L, and N
When Are Plans Available?	If the individual qualifies for Open Enrollment or Guaranteed Issue
Are Plans Underwritten?	No, because they are only available to beneficiaries who qualify for Open Enrollment or Guaranteed Issue

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

Eligibility – Pennsylvania

This section provides the business practices for AARP Medicare Supplement Insurance Plans (Medigap) offered to AARP members and insured by UnitedHealthcare Insurance Company. These business practices meet or exceed applicable state and federal requirements.

Requirements

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

- Be enrolled in Medicare Part A and Part B at the time of the plan effective date
- Be residents of the state in which they are applying for coverage
- Be AARP members or live in the same household of an AARP member (e.g., spouse)

Applicants who do not qualify for open enrollment or guaranteed issue will be denied coverage for any of the following reasons:

- End Stage Renal Disease (ESRD)
- Dialysis is required
- The beneficiary was admitted to a hospital within the past 90 days (Note: No benefits will be paid for any part of a hospital stay that begins before coverage starts, or for any part of a skilled nursing facility stay if either the nursing facility stay or qualifying hospital stay began before coverage started.)
- A medical professional has recommended or discussed as a treatment option any of the following that has not been completed: hospital admittance as an inpatient; organ transplant; back or spine surgery; joint replacement; and cancer, heart or vascular surgery

Medical Underwriting & Pre-Existing Conditions

Applicants who have missed their Open Enrollment period* and do not qualify for Guaranteed Issue will be underwritten. Any pre-existing conditions they may have will not be covered for the first 3 months.

An applicant has a pre-existing condition if any of the following happened within three months before the applicant's 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.

Pre-existing conditions will be covered for applicants who are replacing a Medicare Supplement plan or creditable coverage. All decisions to cover pre-existing conditions will be made when the application is processed.

* If beneficiaries' initial enrollment in Part B is before age 65, they have a second open enrollment period the first six months following their 65th birthday month.

Note: 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.

AARP Membership

Applicants must be an AARP member or be another individual living in the same household as someone who is an AARP member 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 will need to include a completed AARP membership form and \$16.00 annual dues (via a separate check from the monthly premium check) at the time of enrollment. AARP membership checks must be made out to "AARP." Dues are not deductible for income tax purposes.

AARP Membership (continued)

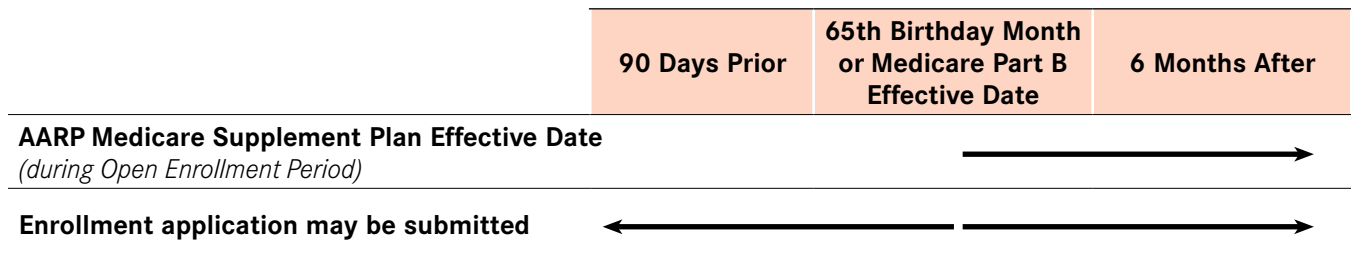
One membership covers both the member and another individual living in the same household. The traditional household for one membership number consists of a husband and wife. However, if requested, AARP will assign one membership number per household in non-traditional situations (e.g., mother/daughter, sisters, 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 older and provides:

- Exclusive discounts
- A subscription to the award-winning *AARP The Magazine*
- Important information on health, Medicare and Social Security, and much more

Open Enrollment

Applicants qualify for open enrollment during the first six months they are enrolled in Medicare Part B. (If their initial enrollment in Part B is before age 65, they have a second six-month open enrollment period beginning the month they turn 65.) The following chart shows the open enrollment period and application requirements.



Open Enrollment – Other Information

Plan Availability	Age 65 & older	Plans A, B, C, F, K, L, and N
	Age 50-64	Plans A, B, C, F, K, L, and N
Pre-Existing Conditions Exclusion		None
Underwriting		None

Guaranteed Issue

The following table outlines the situations under which applicants would qualify for guaranteed issue and the application requirements.

Qualifying Event

1. Applicants lose, learn they have lost, or drop employer coverage.
2. Applicants are enrolled in a Medicare Advantage (MA), PACE or Select 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, then drop that plan within two years. (This does not mean applicants with MA plans have a two-year right to disenroll. It means that if they are able to disenroll within two years, they will qualify for guaranteed issue of an AARP Medicare Supplement Insurance Plan.)
6. On first becoming eligible for Medicare Part A and enrolling in Medicare Part B, applicants enrolled in a MA or PACE plan, then dropped that plan within two years. (This does not mean applicants with MA plans have a two-year right to disenroll. It means that if they are able to disenroll within two years, they will qualify for guaranteed issue of an AARP Medicare Supplement Insurance Plan.)

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”

Guaranteed Issue – Other Information

Plan Availability	Age 65 & older	Plans A, B, C, F, K, L, and N
	Age 50-64	Plans A, B, C, F, K, L, and N
Pre-Existing Conditions Exclusion		None
Underwriting		None

Underwriting and Rate Information

New Sales in Pennsylvania

The following section applies to Pennsylvania. 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 for the AARP Medicare Supplement Insurance Plans vary based on the time that has elapsed from the applicant’s 65th birthday or Medicare Part B effective date, if it is later. 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 < 3 years	3 years to < 6 years	6 years or more
Underwriting ¹	No Underwriting <i>Open Enrollment Period</i>	Eligibility Underwriting ²	Eligibility Underwriting ²	
			Underwriting to set rates ³	
Rate ⁴	Standard Rate with Enrollment Discount ⁵		Standard Rate with Enrollment Discount ^{5,6}	Level 1 Rate ⁶
			Level 2 Rate ⁷	Level 2 Rate ⁷
Rate Group (see Appendix II)	Group 1		Group 2	Group 3

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

² Applicants must answer the two eligibility questions in Section 5 on the application. Applicants who answer “yes” to either question are not eligible for coverage.

³ Applicants must complete Section 6 on the application. This information is needed to determine their rate.

⁴ Refer to Appendix II for rates and Appendix III for lists of ZIP Codes applicable to each area. All members (except those who meet open enrollment or guaranteed issue requirements) who respond “yes” to the tobacco use question on the application will pay the tobacco use version of the rate shown in the chart.

⁵ For details about the Enrollment Discount program, refer to the next section entitled “Enrollment Discount.” **Note: applicants age 75 and older are not eligible for the Enrollment Discount and will pay the standard rate.**

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

⁷ 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 – Rate page

Appendix III – Area rating ZIP Code listing

Enrollment Discount*

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

Eligibility

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

- 65 to 67, **OR**
- 68 to 74 **AND** their plan effective date is within 3 years of their Medicare Part B effective date, **OR**
- 68 to 74 **AND** their plan effective date is 3 or more years but less than 6 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 75 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 applicants' age as of the plan effective date (see table below).
- The discount percentage amount changes on the anniversary date of the plan as members move through the discount program.*
- 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+
1	30%	27%	24%	21%	18%	15%	12%	9%	6%	3%	0%
2	27%	24%	21%	18%	15%	12%	9%	6%	3%	0%	
3	24%	21%	18%	15%	12%	9%	6%	3%	0%		
4	21%	18%	15%	12%	9%	6%	3%	0%			
5	18%	15%	12%	9%	6%	3%	0%				
6	15%	12%	9%	6%	3%	0%					
7	12%	9%	6%	3%	0%						
8	9%	6%	3%	0%							
9	6%	3%	0%								
10	3%	0%									
11	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.)

Automatic Payment 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: Automatic Payment discount and Annual Payer discount cannot be combined.

Rating Information

Community Rating with Areas

Community rating means all members in the same rating class pay the same rate (excludes discounts and surcharges). In an area rated state, all members in the same class in the same area pay the same rate (excludes discounts and surcharges).

Refer to Appendix III for lists of ZIP Codes applicable to each area.

Tobacco Use

Members who have smoked cigarettes or used any tobacco product at any time within the past 12 months will pay the tobacco use version of the rate for which they qualify. This does not apply to applicants who meet open enrollment or guaranteed issue requirements.

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, enrolled members may see their premium change at other times due to:

- the Enrollment Discount changing on their policy anniversary
- rate guarantee ending, or
- moving into a different area or state

Underwriting 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 (depending on the time since their 65th birthday or Medicare Part B effective date, if later).

• **Does underwriting vary for different AARP Medicare Supplement Plans?** No.

• **Can applicants be denied for coverage?** If applicants need to be underwritten, the only medical reasons for denial are:

- End Stage Renal Disease (ESRD)
- Dialysis is required
- Applicants have been admitted to a hospital within the past 90 days
- A medical professional has recommended or discussed as a treatment option any of the following that has not been completed:
 - Hospital admittance as an inpatient
 - Organ transplant
 - Back or spine surgery
 - Joint replacement
 - Surgery for cancer
 - Heart surgery
 - Vascular surgery

The above medical reasons can be found on Section 5 of the application. If applicants answer “yes” to either question in Section 5, they will be denied coverage.

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

• **When do applicants need to complete other medical questions in Section 6 of the application?**

If their effective date is 3 or more years since their 65th birthday (or Medicare Part B effective date, if it is later) and they do not qualify for guaranteed issue, applicants must complete the other medical questions on the application. This information is necessary to determine their rate.

• **What if additional medical information is needed?**
The underwriter may contact applicants or their physician to clarify the information before reaching a decision.

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

Note that Appendix I includes a glossary with short definitions of the medical conditions listed on the application. This may assist you if applicants are unsure about a listed medical condition.

• **Can an insured applicant change to a different AARP Medicare Supplement Plan?**

- A change from an AARP Medicare Supplement Plan with an effective date of 6/1/2010 and later to another is usually permitted without underwriting. The new plan must be available at the applicant’s current age and area of residence.
- A change from an AARP Medicare Supplement Plan with an effective date of 5/1/2010 or prior will require new rating and underwriting (same requirements as new sales).

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

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

Medicare Beneficiaries Age 50 to 64

Underwriting and Rate Summary

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

	Time since Medicare Part B Effective Date	
	0 to < 7 months	7 months or more
Underwriting	No Underwriting <i>Open Enrollment Period</i>	No Underwriting <i>(Plans are only available to applicants who meet Guaranteed Issue requirements)</i>
Rate*	Disabled Rate	
Rate Group (see Appendix II)	Group 4	

*Refer to Appendix III for lists of ZIP Codes applicable to each area and rate amounts.

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.)

Automatic Payment 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: Automatic Payment discount and Annual Payer discount cannot be combined.

Rating Information

Community Rating with Areas

Community rating means all members in the same rating class pay the same rate (excludes discounts and surcharges). In an area rated state, all members in the same class in the same area pay the same rate (excludes discounts and surcharges).

Refer to Appendix III for lists of ZIP Codes applicable to each area.

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, enrolled members may see their premium change at other times due to:

- the Enrollment Discount changing on their policy anniversary
- rate guarantee ending, or
- moving into a different area or state

Underwriting Information

There is no underwriting for beneficiaries age 50 to 64. Plans are only available to beneficiaries age 50 to 64 if they meet open enrollment or guaranteed issue requirements.

Providing a Preliminary Quote

New Sales in Pennsylvania

The following worksheet is for producer use only and must not be distributed to consumers. You can use this worksheet to become more familiar with our rate-quoting methods. You can download it through the agent portal. Producers are welcome to print and fill out for different application scenarios.

Before quoting rates, be sure to review requirements in this handbook for:

- Eligibility
- Open Enrollment and Guaranteed Issue
- Plan Availability
- Underwriting and Rates

Medicare Beneficiaries 65 and Older		
1	Enrollment Time	a. First day of 65th Birthday month or Medicare Part B effective date, if later: ____ / 1 / ____ b. AARP Medicare Supplement plan effective date ____ / 1 / ____ c. Elapsed time (# months between a and b) _____ <i>If c is less than 7 months, go to Step 5</i>
2	Guaranteed Issue	Does the applicant meet Guaranteed Issue Requirements? <i>If yes, go to Step 5</i>
3	Underwriting Eligibility	Did the applicant respond “yes” to either of the eligibility questions in Section 5 of the application? <i>If yes, the applicant is not eligible for coverage</i>
4	Underwriting to Set Rates	Is the applicant applying 3 or more years beyond his or her 65th birthday or Medicare Part B effective date, if later (i.e., is the elapsed time in Step 1c above 3 years or more)? <i>If no, skip to Step 5.</i> <i>If yes, applicant must complete the health questions in Section 6 of the application.</i> <i>If he or she did not check any of the medical questions, then the applicant will receive the Standard Rate, Standard Rate with Enrollment Discount, or Level 1 Rate depending on the time period in which the applicant is applying.</i> <i>Otherwise, he or she will receive the Level 2 Rate if any of the medical conditions are checked in Section 6 of the application.</i>
5	Determine Rate	Consult the Underwriting and Rate Summary Chart in the Underwriting and Rates section of this handbook to determine the appropriate rate and rate group for which the applicant qualifies.
6	Determine Area	Look up applicant’s ZIP Code in the area rated tables found in Appendix III of this handbook or in an enrollment kit to determine the area the applicant falls in.
7	Rate Quote	Refer to Appendix II or an enrollment kit to obtain the exact rate you will quote. Be sure to use the correct page for tobacco or non-tobacco use and rating area identified in Step 6.
8	Disclaimer	Provide the rate quote disclaimer: “Rates are subject to change. Actual rate will be determined upon acceptance into the program based upon eligibility criteria and your medical conditions, if applicable.”

PRELIMINARY QUOTE

Plan Change Situations

The following chart outlines the rating and underwriting requirements for applicants who want to change from one AARP Medicare Supplement Plan to another.

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

Current AARP Medicare Supplement Plan Effective Date	Underwriting Requirements	Rating Requirements
5/1/2010 or prior	Same as new sales (refer to Underwriting and Rate Summary Chart)	Same as new sales (refer to Underwriting and Rate Summary Chart)
6/1/2010 or later	None ¹	Same rate level as current plan ^{2,3}

¹ Applicants do not need to answer health questions in sections 5 or 6 on the enrollment application.

² Discounts for which the applicant is currently eligible will continue to apply, assuming no other changes have occurred that affect eligibility for the discount.

³ If beneficiaries 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.

Sales and Marketing Materials

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



You can access the following materials through the agent portal. Simply log in and from the menu select Product Information and Materials and then Sales Materials.

Enrollment kits

You can order and download state-specific enrollment kits on the agent portal.

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 week. Higher quantities must receive approval.

Sales Presentations

The state-specific sales presentations are designed for agents to use at events such as community meetings, 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.

Lead Generation Materials

AARP Medicare Supplement approved marketing pieces can be used to:

- Generate leads
- Promote community meetings

- Educate individuals about AARP Medicare Supplement Insurance Plans
- Create awareness of the services you provide as an agent

Marketing materials, such as flyers, sales letters and brochures, are available for download and allow you to personalize with your own contact information through the online sales toolkit.

The online sales toolkit provides easy-to-use tools to help you build marketing materials for your specific needs. You'll find templates for marketing materials that you can customize quickly and easily for a variety of uses. You will have two output options:

- 1. Print** – You can order printed marketing pieces directly through the online sales toolkit. Prices vary by quantity and piece.
- 2. Download** – You have the option to download a high-resolution file and take it to a print vendor of your choosing or print using your office printer.

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 Plan Information and Materials. Once in the e-store, simply click on the AARP Medicare Supplement Insurance logo for items. All major credit cards are accepted. Additional items will be added to the store throughout the year so check back frequently!

Note: Promotional merchandise is not available for use in Georgia and New York.

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 producer portal.

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.
- 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.
- The pieces must not be used in an e-mail campaign.
- 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.
- If a piece contains a cover page with agent instructions on how to use, please do not distribute the cover page to beneficiaries.

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.

The Authorized to Offer (A2O) Program

The “Authorized to Offer” program recognizes agents who have met and continue to meet all certification standards, demonstrate competency on AARP Medicare Supplement Insurance Plans and **continue to serve AARP members’ best interests**. The use of AARP-branded materials will be an advantage that will ultimately raise the bar for agents.

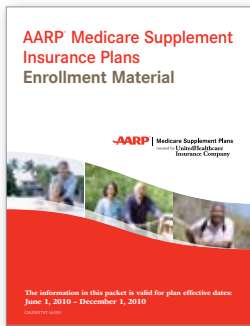
The Program offers opportunities based on certain tiers of A2O Agents:

	Focus	Materials	Availability
Tier 1	Includes basic product marketing and the agent toolkit.	<ul style="list-style-type: none"> • Product and enrollment materials will include AARP branding • The agent toolkit includes: <ul style="list-style-type: none"> – Prospecting materials (flyers, ads, announcements, etc.) – AARP branding, and – The agent’s name and contact information 	Available to all agents that have completed the certification standards.
Tier 2	Agent identification.	Materials may include items such as business cards and the A2O agent brochure	Available to those agents who have: <ul style="list-style-type: none"> • Completed the certification standards • Completed additional training • Demonstrated competency across the portfolio of products through production minimums

You can find more details about the A2O program, including eligibility, production guidelines, how to access the materials, etc., on the portal.

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.

Please verify you have current materials. Using outdated materials may cause an application to be delayed or rejected.

You can order enrollment kits by accessing the producer portal. Simply log in and click on Product Information and Materials and then Sales Materials. For assistance in using this system, click the Instructions tab after logging in.

You must leave all items in the enrollment kit with the applicant except for items to be submitted to UnitedHealthcare.

Enrollment Applications

You must use the agent version of the AARP Medicare Supplement application, which can be identified by the agent signature line, ID and disclaimer language located at the end of the application. Agent versions of the application will be included in the enrollment kits available through the portal's Product Information and Materials section. If you do not use the agent application or you use it in combination with a direct-to-consumer application (e.g., direct mail), we will not pay commissions.

Prior to filling out the application, you should:

- Confirm the beneficiary is enrolled in Medicare Part A and Part B

- Confirm the beneficiary is an AARP member
- Review the plan options with beneficiaries and guide them to the plan that best fits their 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.

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 includes 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. However, applicants must submit a new application.

Continuous Coverage

Applicants who are replacing their existing Medicare supplement coverage should not cancel their coverage until they receive confirmation of acceptance and the new policy's effective date. When replacing an existing policy, applicants should request a policy 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 a beneficiary from a Medicare Advantage plan. Beneficiaries 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 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 policy effective date to coincide with the date existing coverage ends.

Enrollment Checklist

To ensure prompt and accurate processing of a beneficiary's application, please ensure the following:

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)
- The applicant's plan selection
- The conditions of eligibility and authorization
- Requested effective date (if left blank, the effective date will be assigned as the first day of the month after receipt of application.)
- Health conditions (if applicable)
- Signatures and dates
- Applicant's current health coverage (if applicable)

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: Applications cannot be backdated prior to the application signed date for any reason.

Applications with erasures or other alterations may be delayed or rejected. If applicants make a mistake, they must initial any changes they make.

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.

Other Required Information

AARP Membership Form:

- Complete and submit the AARP Membership form if applicants are not already AARP members or do not live in the same household of an AARP member (e.g., spouse).
- Include a separate check payable to "AARP" for the membership dues.
- Note: One membership covers both the member and another individual living in the same household. Therefore, only one application is required if two individuals of a household are applying for AARP membership.

Automatic Payment:

- Complete and submit if applicants want to pay **future** premiums by Automatic Payment.
- Include a voided check.
- Deduct the Automatic Payment discount of \$2 per household if the applicant is signing up for Automatic Payment at the time of application.
- Note: Automatic Payment requests will be processed on 5th of the month and may take one month to become active, depending upon date application is received and processed.

Premium Check:

- 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.**

Replacement Notice: Complete and submit, if applicable.

- Required for applicants replacing another Medicare supplement plan or 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.

Enrollment Checklist (continued)

Provide to Applicant

- ☑ **Automatic Payment:** Give a copy of Automatic Payment 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:

Enrollment Application

- Comments written outside of required areas on the application, such as:
 - N/A
 - Please process ASAP
 - Underlines, etc.
- Missing signatures of agent and/or applicant
- Agent ID missing, illegible, or incorrect
- Missing AARP membership number

Other Required Information

- AARP membership application and dues are needed but are not included with the enrollment application
- Replacement Notices
 - Not included but are needed (replacing another Medicare Supplement or Medicare Advantage plan)
 - Included, but are not needed
 - Missing signature of applicant and/or producer
- First month premium check is not submitted with the application

Note: Commissions may not be payable for disabled applications and in certain plan change scenarios. Please consult your contract paperwork.

Submitting Applications



Please mail all appropriate 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
P.O. Box 105331
Atlanta, GA 30348-9534

To send overnight (packages must arrive by 9:00 a.m. to be processed for that day):

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

Telephone: (404) 751-9906 (for delivery purposes only)

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

Alternative methods

Fax, e-mail, telephonic and online enrollment processing are currently not available.

Application Processing

Once we receive an application, we immediately scan it into our system. Typically, we process applications within 7–10 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 must send their first month's premium with the application, and they must submit monthly payments to sustain coverage. However, if they submit an Automatic Payment form with the application, the electronic withdrawal will be set up for the second month's payment and beyond.

Effective Dates

All applications for the plans listed in this handbook must have an effective date of 6/1/2010 or later. All coverage is issued effective the first day of the month and never before the Medicare Part B effective date.

No Effective Date on Application



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

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

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. 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 approved on 9/15, the requested effective date can be as late as 12/1.

Enrollment applications mailed 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.

Note: We will not pay commissions until we process the application and receive the premium.

Application Status



You may check the status of submitted applications on the agent portal. Simply log in and click on Manage Your Business and then Applications and Enrollments. Search the system by filling out the form and click Submit. Click on the applicant's name for the status of their application.

Producers without Internet access can also contact the Producer Help Desk for application status at 1-888-381-8581, Monday through Friday, 8:00 a.m. to 8:00 p.m. EST.

Billing Options

AARP Medicare Supplement members have the following billing options:

- 1. Automatic Payment:** Members may have their monthly premiums automatically deducted from their checking or savings account. This ensures that they never forget a payment.

Billing Options (continued)

To put this payment method into effect, applicants need to fill out an Automatic Payment form (included in the enrollment kit). Applicants must keep a copy of the completed Automatic Payment form. They can submit the Automatic Payment form with the application and a check for the first month's premium.

If an application is submitted with an Automatic Payment 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.

Note: Commissions will be delayed until the first month's premium is paid in full.

Example: An application is submitted with an effective date of February 1 but no payment for the first month's premium. On March 5, the Automatic Payment will process for one month's premium only, meaning the policy will be paid through February only. On April 5, the Automatic Payment will draw one month's premium and apply it to March's premium.

If an application is submitted with an Automatic Payment 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: An application is submitted with an effective date of April 1, and the first month's premium is overpaid by \$15. On May 5, the Automatic Payment will process for the May premium less \$15. On June 5, the Automatic Payment will process for full June premium.

Automatic Payment processing only occurs on the **5th of each month**.

- 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."**

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 statement for the household.

However, if two members in a household would like to be billed separately, they must have separate AARP membership numbers. Alternatively, if two individuals in the household have individual AARP membership numbers, billing can be combined, if requested.

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. Commissions are not payable for any unbilled or unpaid months. 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 – FMO 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. Commissions are issued on paid sales only. If you have questions, please contact the Producer Help Desk at 1-888-381 8581, Monday through Friday, 8:00 a.m. to 8:00 p.m. EST.

Note: Commission statements will reflect plans with effective dates of 6/1/2010 or later by internal codes.

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
K	K01
L	L01
N	N01

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 in the online sales 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 producer 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.

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:

- **Welcome Materials** – Contain the Certificate of Insurance, Insurance ID Card, 30-day cancellation policy and other helpful information about topics such as services, claims and payments. For those who do not sign up for automatic bank withdrawals at the time of application, an Automatic Payment form will be included in the Welcome Kit for those who wish to sign up for Automatic Payments at a later date.
- **Newsletter** – A quarterly publication covering topics such as healthy lifestyles and product information.
- **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** – A handy reference piece with product/plan specific information 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.

Contact Us

Questions?

Contact the **Producer Help Desk (PHD)**.

Phone:

1-888-381-8581

Monday through Friday

8:00 a.m.–8:00 p.m. EST

E-mail:

phd@uhc.com

Please include your full name, writing number, contact information and a brief description of your issue and desired outcome.

Keep in mind that the Producer Help Desk cannot provide premium rate quotes.

Member Customer Service

Members can call the Automated Customer Express Line at **1-800-444-6544** for Service 24 hours a day, where they can obtain payment and billing information; claim information, like claim status and claim filing instructions; order replacement items, such as payment and claim envelopes; Automatic Payment enrollment forms; and insurance ID cards. Representatives are available 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 please call **1-800-523-5800**.

For Claim related questions please call **1-800-523-5880**.

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. It also includes other names that may be used for some medical conditions.
- Medical terms and conditions listed below generally appear in the order they appear on the application. Some of these medical terms or conditions don't appear on all applications.
- 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
End Stage Renal (Kidney) Disease (ESRD)	A complete or almost complete failure of the kidneys to function, requiring dialysis or a kidney transplant to live.
Dialysis	A process of cleansing your blood by passing it through a machine (hemodialysis), or putting special fluid into the abdominal cavity and draining it out (peritoneal dialysis). This is necessary when the kidneys are not able to filter blood.
Recommended or discussed as a treatment option	You talked to a medical professional about: <ul style="list-style-type: none"> • needing to go into the hospital as an inpatient and/or • having surgery for <ul style="list-style-type: none"> - organ transplant, - back or spine, - joint replacement, - cancer, or - heart or vascular condition (vascular has to do with the blood vessels of the body)
Diagnosed	You have seen a medical professional who found a medical condition by its signs, symptoms, and/or results of tests or procedures.
Treated	You had tests, surgery, therapy or other medical care, or were told to take medication by a medical professional.

Terms found on the application	What those terms generally mean
Heart or Vascular Conditions	Vascular relates to blood vessels, including arteries, veins and capillaries. Blood vessels, as a group, are referred to as the vascular system.
Aneurysm	An abnormal widening or bulging in the wall of an artery or blood vessel.
Arteriosclerosis or Atherosclerosis	A hardening or narrowing of the arteries. Same as Artery or Vein Blockage.
Artery or Vein Blockage	Same as Arteriosclerosis or Atherosclerosis.
Atrial Fibrillation or Atrial Flutter	A heart rhythm disorder that causes the upper chambers of the heart (atria) to beat in an abnormal or disorganized way (often rapid and irregular). <i>Also known as A-Fib.</i>
Cardiomyopathy	A weakening of the heart muscle for any reason.
Carotid Artery Disease	Main arteries in the neck become blocked or narrowed.
Congestive Heart Failure (CHF)	Weakness of the heart muscle, causing decreased blood flow and a build-up of fluid in the lungs and body tissues. <i>Also known as congestive heart disease, left heart failure, right heart failure.</i>
Coronary Artery Disease (CAD)	A narrowing of blood vessels that supply blood and oxygen to the heart. <i>Also known as coronary heart disease.</i>
Heart Attack	Occurs when the blood supply to part of the heart is interrupted, causing damage to the heart muscle. <i>Also known as myocardial infarction (MI).</i>
Peripheral Vascular Disease (PVD)	Includes all conditions involving poor blood flow to the arms, hands, legs or feet. <i>Also known as PVD and peripheral artery disease (PAD).</i>
Claudication	A cramp-like pain in the legs or arms caused by poor blood flow.
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>
Ventricular Tachycardia	A rapid or "racing" heart beat starting in one of the ventricular chambers of the heart. <i>Also known as V-Tach.</i>
Diabetes	The body does not regulate blood sugar levels properly.
With any of the following complications:	
Circulatory problems	A decreased blood flow to organs and/or arms, hands, legs or feet. <i>Also known as PVD.</i>
Kidney problems	Kidney is unable to filter blood efficiently.
Retinopathy	Damage to the retina of the eye. <i>Also known as wet retina or macular edema.</i>

Terms found on the application	What those terms generally mean
Lung/Respiratory Conditions	
Chronic Obstructive Pulmonary Disease (COPD)	A lung disease, including emphysema and chronic obstructive bronchitis, that makes it difficult to breathe or catch your breath. <i>Also known as COPD, chronic obstructive lung disease (COLD) and chronic obstructive airway disease (COAD).</i>
Emphysema	A lung disease usually caused by smoking or exposure to harmful chemicals.
Cancer or Tumors	
Cancer (other than skin cancer)	A malignant growth caused when cells multiply uncontrollably. <i>Some types of cancer include carcinoma, lymphoma, leukemia, myeloma, neoplasm, or sarcoma.</i>
Leukemia	A blood or bone marrow cancer causing abnormal blood cell production (usually white blood cells). <i>Also known as AML, ALL, CML or CLL.</i>
Lymphoma	An immune system cancer that often starts in the lymph nodes as a malignant tumor. <i>Also known as non-Hodgkin's lymphoma (NHL) or Hodgkin's (HL).</i>
Melanoma	A malignant tumor caused by uncontrolled growth of pigment cells, usually originating in the skin or eye(s).
Kidney Conditions	
Chronic Renal Failure (CRF) or Insufficiency (CRI)	A chronic loss of the ability of the kidneys to remove waste from the blood that does NOT require dialysis or a kidney transplant. <i>Also known as CRF or CRI.</i>
Polycystic Kidney Disease	An inherited disorder in which multiple cysts form in or on the kidneys, causing them to enlarge. <i>Also known as PKD or PCKD.</i>
Renal Artery Stenosis	A blockage or narrowing of the artery supplying blood to the kidney.
Liver Condition	
Cirrhosis of the Liver	Loss of liver function due to chronic inflammation and scarring.
Transplants	
Bone marrow transplant	A surgical procedure in which defective or cancerous bone marrow is replaced with healthy bone marrow, either from the patient or a donor.
Organ transplant	A surgical procedure in which a damaged or failing organ is replaced with a healthy organ, either from a donor site or the patient's own body.

Terms found on the application	What those terms generally mean
Gastrointestinal Conditions	
Chronic Pancreatitis	Recurring or ongoing inflammation of the pancreas that may lead to scarring and loss of function.
Esophageal Varices	Veins in the esophagus become wider than normal, often resulting in bleeding.
Musculoskeletal Conditions	
Amputation due to disease	A diseased body extremity removed by surgery.
Rheumatoid Arthritis (RA)	A disorder in which the immune system attacks the body's joints and/or organs. <i>Also known as RA.</i>
Spinal Stenosis	A narrowing of the spinal canal, putting pressure on the spinal cord and nerves.
Substance Abuse	
Alcohol Abuse or Alcoholism	Any use of alcohol which causes physical, mental, social or legal problems. <i>Also known as ETOH or alcohol dependence.</i>
Drug Abuse or use of illegal drugs	Any use of prescribed, non-prescribed or illegal drug(s) for non-therapeutic or non-medical reasons.
Brain or Spinal Cord Conditions	
Paraplegia	Inability to move the lower portion of the body and of both legs.
Quadriplegia	Inability to move both arms and both legs.
Hemiplegia	Inability to move one side of the body.
Psychological/Mental Conditions	
Bipolar or Manic Depressive	A mental disorder in which a person experiences severe mood changes from very high-energy (manic) to extreme lows of depression.
Schizophrenia	A mental disorder in which it is difficult for a person to tell the difference between real and unreal experiences, to think logically, to have normal emotional responses to others, and to behave normally in social situations.
Eye Condition	
Macular Degeneration	An eye disorder affecting the macula, which is part of the retina responsible for central vision. <i>Also known as AMD or ARMD.</i>

Terms found on the application	What those terms generally mean
Nervous System Conditions	
Amyotrophic Lateral Sclerosis (ALS)	A disorder of the nerve cells in the brain or spinal cord that control voluntary muscle movements. <i>Also known as ALS or Lou Gehrig's disease.</i>
Alzheimer's Disease	The most common form of dementia. <i>See also Dementia.</i>
Dementia	A brain disease that destroys memory and thinking skills beyond normal aging.
Multiple Sclerosis (MS)	A disease affecting the brain and spinal cord, sometimes progressing to physical and mental disability. <i>Also known as MS.</i>
Parkinson's Disease	A chronic brain disorder that impairs body movement through rigidity, slowing of movement and/or tremors.
Systemic Lupus Erythematosus (SLE)	A disorder in which the immune system attacks the body's tissues and/or organs, causing inflammation and damage. <i>Also known as SLE.</i>
Immune System Conditions	
AIDS	The stage of HIV disease in which a person's immune system is damaged and susceptible to infections and tumors.
HIV Positive	A person diagnosed as infected with HIV (human immunodeficiency virus).

Appendix II

Cover Page - Rates for Pennsylvania - Area 1 Non-Tobacco Monthly Plan Rates

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Group 1		Applies to individuals whose plan effective date will be within three years following their 65th birthday or Medicare Part B effective date, if later.					
Age ¹	Plan A	Plan B	Plan C	Plan F	Plan K	Plan L	Plan N
Standard Rates with Enrollment Discount² for individuals ages 65-74							
65	\$103.07	\$130.20	\$162.92	\$163.62	\$65.80	\$105.70	\$119.52
66	\$107.49	\$135.78	\$169.90	\$170.63	\$68.62	\$110.23	\$124.64
67	\$111.91	\$141.36	\$176.89	\$177.65	\$71.44	\$114.76	\$129.77
68	\$116.32	\$146.94	\$183.87	\$184.66	\$74.26	\$119.29	\$134.89
69	\$120.74	\$152.52	\$190.85	\$191.67	\$77.08	\$123.82	\$140.01
70	\$125.16	\$158.10	\$197.83	\$198.68	\$79.90	\$128.35	\$145.13
71	\$129.58	\$163.68	\$204.82	\$205.70	\$82.72	\$132.88	\$150.26
72	\$133.99	\$169.26	\$211.80	\$212.71	\$85.54	\$137.41	\$155.38
73	\$138.41	\$174.84	\$218.78	\$219.72	\$88.36	\$141.94	\$160.50
74	\$142.83	\$180.42	\$225.76	\$226.73	\$91.18	\$146.47	\$165.62
Standard Rates for ages 75 and older							
75+	\$147.25	\$186.00	\$232.75	\$233.75	\$94.00	\$151.00	\$170.75

Group 2		Applies to individuals whose plan effective date will be between 3 years and less than 6 years following their 65th birthday or Medicare Part B effective date, if later.					
Age ¹	Plan A	Plan B	Plan C	Plan F	Plan K	Plan L	Plan N
Standard Rates with Enrollment Discount² for individuals ages 68-74 who do not have any of the medical conditions on the application.³							
68	\$116.32	\$146.94	\$183.87	\$184.66	\$74.26	\$119.29	\$134.89
69	\$120.74	\$152.52	\$190.85	\$191.67	\$77.08	\$123.82	\$140.01
70	\$125.16	\$158.10	\$197.83	\$198.68	\$79.90	\$128.35	\$145.13
71	\$129.58	\$163.68	\$204.82	\$205.70	\$82.72	\$132.88	\$150.26
72	\$133.99	\$169.26	\$211.80	\$212.71	\$85.54	\$137.41	\$155.38
73	\$138.41	\$174.84	\$218.78	\$219.72	\$88.36	\$141.94	\$160.50
74	\$142.83	\$180.42	\$225.76	\$226.73	\$91.18	\$146.47	\$165.62
Standard Rates for individuals ages 75 and older who do not have any of the medical conditions on the application.³							
75+	\$147.25	\$186.00	\$232.75	\$233.75	\$94.00	\$151.00	\$170.75
Level 2 Rates for individuals ages 68 and older who have one or more of the medical conditions on the application.³							
68+	\$220.87	\$279.00	\$349.12	\$350.62	\$141.00	\$226.50	\$256.12

Group 3		Applies to individuals whose plan effective date will be 6 or more years following their 65th birthday or Medicare Part B effective date, if later.					
Age ¹	Plan A	Plan B	Plan C	Plan F	Plan K	Plan L	Plan N
Level 1 Rates for individuals ages 71 and older who do not have any of the medical conditions on the application.³							
71+	\$161.97	\$204.60	\$256.02	\$257.12	\$103.40	\$166.10	\$187.82
Level 2 Rates for individuals ages 71 and older who have one or more of the medical conditions on the application.³							
71+	\$220.87	\$279.00	\$349.12	\$350.62	\$141.00	\$226.50	\$256.12

The rates above are for plan effective dates from June - December 2010.

Cover Page - Rates for Pennsylvania - Area 1 Tobacco Monthly Plan Rates

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Group 1		Applies to individuals whose plan effective date will be within three years following their 65th birthday or Medicare Part B effective date, if later.					
Age ¹	Plan A	Plan B	Plan C	Plan F	Plan K	Plan L	Plan N
Standard Rates with Enrollment Discount² for individuals ages 65-74							
65	\$113.37	\$143.22	\$179.21	\$179.98	\$72.38	\$116.27	\$131.47
66	\$118.23	\$149.35	\$186.89	\$187.69	\$75.48	\$121.25	\$137.10
67	\$123.09	\$155.49	\$194.57	\$195.41	\$78.58	\$126.23	\$142.74
68	\$127.95	\$161.63	\$202.25	\$203.12	\$81.68	\$131.21	\$148.37
69	\$132.81	\$167.77	\$209.93	\$210.83	\$84.78	\$136.20	\$154.01
70	\$137.67	\$173.91	\$217.61	\$218.55	\$87.89	\$141.18	\$159.64
71	\$142.53	\$180.04	\$225.29	\$226.26	\$90.99	\$146.16	\$165.28
72	\$147.39	\$186.18	\$232.97	\$233.97	\$94.09	\$151.15	\$170.91
73	\$152.25	\$192.32	\$240.65	\$241.69	\$97.19	\$156.13	\$176.55
74	\$157.11	\$198.46	\$248.33	\$249.40	\$100.29	\$161.11	\$182.18
Standard Rates for ages 75 and older							
75+	\$161.97	\$204.60	\$256.02	\$257.12	\$103.40	\$166.10	\$187.82

Group 2		Applies to individuals whose plan effective date will be between 3 years and less than 6 years following their 65th birthday or Medicare Part B effective date, if later.					
Age ¹	Plan A	Plan B	Plan C	Plan F	Plan K	Plan L	Plan N
Standard Rates with Enrollment Discount² for individuals ages 68-74 who do not have any of the medical conditions on the application.³							
68	\$127.95	\$161.63	\$202.25	\$203.12	\$81.68	\$131.21	\$148.37
69	\$132.81	\$167.77	\$209.93	\$210.83	\$84.78	\$136.20	\$154.01
70	\$137.67	\$173.91	\$217.61	\$218.55	\$87.89	\$141.18	\$159.64
71	\$142.53	\$180.04	\$225.29	\$226.26	\$90.99	\$146.16	\$165.28
72	\$147.39	\$186.18	\$232.97	\$233.97	\$94.09	\$151.15	\$170.91
73	\$152.25	\$192.32	\$240.65	\$241.69	\$97.19	\$156.13	\$176.55
74	\$157.11	\$198.46	\$248.33	\$249.40	\$100.29	\$161.11	\$182.18
Standard Rates for individuals ages 75 and older who do not have any of the medical conditions on the application.³							
75+	\$161.97	\$204.60	\$256.02	\$257.12	\$103.40	\$166.10	\$187.82
Level 2 Rates for individuals ages 68 and older who have one or more of the medical conditions on the application.³							
68+	\$242.95	\$306.90	\$384.03	\$385.68	\$155.10	\$249.15	\$281.73

Group 3		Applies to individuals whose plan effective date will be 6 or more years following their 65th birthday or Medicare Part B effective date, if later.					
Age ¹	Plan A	Plan B	Plan C	Plan F	Plan K	Plan L	Plan N
Level 1 Rates for individuals ages 71 and older who do not have any of the medical conditions on the application.³							
71+	\$178.16	\$225.06	\$281.62	\$282.83	\$113.74	\$182.71	\$206.60
Level 2 Rates for individuals ages 71 and older who have one or more of the medical conditions on the application.³							
71+	\$242.95	\$306.90	\$384.03	\$385.68	\$155.10	\$249.15	\$281.73

The rates above are for plan effective dates from June - December 2010.

Cover Page - Rates for Pennsylvania - Area 1 Under 65 Monthly Plan Rates

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Group 4		Applies to individuals under the age of 65 who are eligible for Medicare by reason of disability.					
Age ¹	Plan A	Plan B	Plan C	Plan F	Plan K	Plan L	Plan N
Non-Tobacco Rates							
50-64	\$103.07	\$130.20	\$162.92	\$163.62	\$65.80	\$105.70	\$119.52

The rates above are for plan effective dates from June - December 2010.

1 Your age as of your plan effective date.

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

3 Refer to Section 6 of the application.

Cover Page - Rates for Pennsylvania - Area 2 Non-Tobacco Monthly Plan Rates

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Group 1		Applies to individuals whose plan effective date will be within three years following their 65th birthday or Medicare Part B effective date, if later.					
Age ¹	Plan A	Plan B	Plan C	Plan F	Plan K	Plan L	Plan N
Standard Rates with Enrollment Discount² for individuals ages 65-74							
65	\$91.87	\$116.02	\$145.25	\$145.95	\$58.62	\$94.15	\$106.57
66	\$95.81	\$120.99	\$151.47	\$152.20	\$61.13	\$98.18	\$111.14
67	\$99.75	\$125.97	\$157.70	\$158.46	\$63.65	\$102.22	\$115.71
68	\$103.68	\$130.94	\$163.92	\$164.71	\$66.16	\$106.25	\$120.27
69	\$107.62	\$135.91	\$170.15	\$170.97	\$68.67	\$110.29	\$124.84
70	\$111.56	\$140.88	\$176.37	\$177.22	\$71.18	\$114.32	\$129.41
71	\$115.50	\$145.86	\$182.60	\$183.48	\$73.70	\$118.36	\$133.98
72	\$119.43	\$150.83	\$188.82	\$189.73	\$76.21	\$122.39	\$138.54
73	\$123.37	\$155.80	\$195.05	\$195.99	\$78.72	\$126.43	\$143.11
74	\$127.31	\$160.77	\$201.27	\$202.24	\$81.23	\$130.46	\$147.68
Standard Rates for ages 75 and older							
75+	\$131.25	\$165.75	\$207.50	\$208.50	\$83.75	\$134.50	\$152.25

Group 2		Applies to individuals whose plan effective date will be between 3 years and less than 6 years following their 65th birthday or Medicare Part B effective date, if later.					
Age ¹	Plan A	Plan B	Plan C	Plan F	Plan K	Plan L	Plan N
Standard Rates with Enrollment Discount² for individuals ages 68-74 who do not have any of the medical conditions on the application.³							
68	\$103.68	\$130.94	\$163.92	\$164.71	\$66.16	\$106.25	\$120.27
69	\$107.62	\$135.91	\$170.15	\$170.97	\$68.67	\$110.29	\$124.84
70	\$111.56	\$140.88	\$176.37	\$177.22	\$71.18	\$114.32	\$129.41
71	\$115.50	\$145.86	\$182.60	\$183.48	\$73.70	\$118.36	\$133.98
72	\$119.43	\$150.83	\$188.82	\$189.73	\$76.21	\$122.39	\$138.54
73	\$123.37	\$155.80	\$195.05	\$195.99	\$78.72	\$126.43	\$143.11
74	\$127.31	\$160.77	\$201.27	\$202.24	\$81.23	\$130.46	\$147.68
Standard Rates for individuals ages 75 and older who do not have any of the medical conditions on the application.³							
75+	\$131.25	\$165.75	\$207.50	\$208.50	\$83.75	\$134.50	\$152.25
Level 2 Rates for individuals ages 68 and older who have one or more of the medical conditions on the application.³							
68+	\$196.87	\$248.62	\$311.25	\$312.75	\$125.62	\$201.75	\$228.37

Group 3		Applies to individuals whose plan effective date will be 6 or more years following their 65th birthday or Medicare Part B effective date, if later.					
Age ¹	Plan A	Plan B	Plan C	Plan F	Plan K	Plan L	Plan N
Level 1 Rates for individuals ages 71 and older who do not have any of the medical conditions on the application.³							
71+	\$144.37	\$182.32	\$228.25	\$229.35	\$92.12	\$147.95	\$167.47
Level 2 Rates for individuals ages 71 and older who have one or more of the medical conditions on the application.³							
71+	\$196.87	\$248.62	\$311.25	\$312.75	\$125.62	\$201.75	\$228.37

The rates above are for plan effective dates from June - December 2010.

Cover Page - Rates for Pennsylvania - Area 2 Tobacco Monthly Plan Rates

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Group 1		Applies to individuals whose plan effective date will be within three years following their 65th birthday or Medicare Part B effective date, if later.					
Age ¹	Plan A	Plan B	Plan C	Plan F	Plan K	Plan L	Plan N
Standard Rates with Enrollment Discount² for individuals ages 65-74							
65	\$101.05	\$127.62	\$159.77	\$160.54	\$64.48	\$103.56	\$117.22
66	\$105.39	\$133.09	\$166.62	\$167.42	\$67.24	\$108.00	\$122.25
67	\$109.72	\$138.56	\$173.47	\$174.30	\$70.01	\$112.44	\$127.27
68	\$114.05	\$144.03	\$180.31	\$181.18	\$72.77	\$116.88	\$132.30
69	\$118.38	\$149.50	\$187.16	\$188.06	\$75.53	\$121.31	\$137.32
70	\$122.71	\$154.97	\$194.01	\$194.94	\$78.30	\$125.75	\$142.34
71	\$127.04	\$160.44	\$200.86	\$201.82	\$81.06	\$130.19	\$147.37
72	\$131.37	\$165.91	\$207.70	\$208.70	\$83.82	\$134.63	\$152.39
73	\$135.70	\$171.38	\$214.55	\$215.58	\$86.59	\$139.07	\$157.42
74	\$140.03	\$176.85	\$221.40	\$222.46	\$89.35	\$143.51	\$162.44
Standard Rates for ages 75 and older							
75+	\$144.37	\$182.32	\$228.25	\$229.35	\$92.12	\$147.95	\$167.47

Group 2		Applies to individuals whose plan effective date will be between 3 years and less than 6 years following their 65th birthday or Medicare Part B effective date, if later.					
Age ¹	Plan A	Plan B	Plan C	Plan F	Plan K	Plan L	Plan N
Standard Rates with Enrollment Discount² for individuals ages 68-74 who do not have any of the medical conditions on the application.³							
68	\$114.05	\$144.03	\$180.31	\$181.18	\$72.77	\$116.88	\$132.30
69	\$118.38	\$149.50	\$187.16	\$188.06	\$75.53	\$121.31	\$137.32
70	\$122.71	\$154.97	\$194.01	\$194.94	\$78.30	\$125.75	\$142.34
71	\$127.04	\$160.44	\$200.86	\$201.82	\$81.06	\$130.19	\$147.37
72	\$131.37	\$165.91	\$207.70	\$208.70	\$83.82	\$134.63	\$152.39
73	\$135.70	\$171.38	\$214.55	\$215.58	\$86.59	\$139.07	\$157.42
74	\$140.03	\$176.85	\$221.40	\$222.46	\$89.35	\$143.51	\$162.44
Standard Rates for individuals ages 75 and older who do not have any of the medical conditions on the application.³							
75+	\$144.37	\$182.32	\$228.25	\$229.35	\$92.12	\$147.95	\$167.47
Level 2 Rates for individuals ages 68 and older who have one or more of the medical conditions on the application.³							
68+	\$216.55	\$273.48	\$342.37	\$344.02	\$138.18	\$221.92	\$251.20

Group 3		Applies to individuals whose plan effective date will be 6 or more years following their 65th birthday or Medicare Part B effective date, if later.					
Age ¹	Plan A	Plan B	Plan C	Plan F	Plan K	Plan L	Plan N
Level 1 Rates for individuals ages 71 and older who do not have any of the medical conditions on the application.³							
71+	\$158.80	\$200.55	\$251.07	\$252.28	\$101.33	\$162.74	\$184.21
Level 2 Rates for individuals ages 71 and older who have one or more of the medical conditions on the application.³							
71+	\$216.55	\$273.48	\$342.37	\$344.02	\$138.18	\$221.92	\$251.20

The rates above are for plan effective dates from June - December 2010.

Cover Page - Rates for Pennsylvania - Area 2 Under 65 Monthly Plan Rates

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Group 4		Applies to individuals under the age of 65 who are eligible for Medicare by reason of disability.					
Age ¹	Plan A	Plan B	Plan C	Plan F	Plan K	Plan L	Plan N
	Non-Tobacco Rates						
50-64	\$91.87	\$116.02	\$145.25	\$145.95	\$58.62	\$94.15	\$106.57

The rates above are for plan effective dates from June - December 2010.

1 Your age as of your plan effective date.

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

3 Refer to Section 6 of the application.

Cover Page - Rates for Pennsylvania - Area 3 Non-Tobacco Monthly Plan Rates

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Group 1		Applies to individuals whose plan effective date will be within three years following their 65th birthday or Medicare Part B effective date, if later.					
Age ¹	Plan A	Plan B	Plan C	Plan F	Plan K	Plan L	Plan N
Standard Rates with Enrollment Discount² for individuals ages 65-74							
65	\$73.85	\$93.27	\$116.72	\$117.25	\$47.07	\$75.77	\$85.57
66	\$77.01	\$97.27	\$121.72	\$122.27	\$49.09	\$79.02	\$89.24
67	\$80.18	\$101.27	\$126.73	\$127.30	\$51.11	\$82.27	\$92.91
68	\$83.34	\$105.26	\$131.73	\$132.32	\$53.12	\$85.51	\$96.57
69	\$86.51	\$109.26	\$136.73	\$137.35	\$55.14	\$88.76	\$100.24
70	\$89.67	\$113.26	\$141.73	\$142.37	\$57.16	\$92.01	\$103.91
71	\$92.84	\$117.26	\$146.74	\$147.40	\$59.18	\$95.26	\$107.58
72	\$96.00	\$121.25	\$151.74	\$152.42	\$61.19	\$98.50	\$111.24
73	\$99.17	\$125.25	\$156.74	\$157.45	\$63.21	\$101.75	\$114.91
74	\$102.33	\$129.25	\$161.74	\$162.47	\$65.23	\$105.00	\$118.58
Standard Rates for ages 75 and older							
75+	\$105.50	\$133.25	\$166.75	\$167.50	\$67.25	\$108.25	\$122.25

Group 2		Applies to individuals whose plan effective date will be between 3 years and less than 6 years following their 65th birthday or Medicare Part B effective date, if later.					
Age ¹	Plan A	Plan B	Plan C	Plan F	Plan K	Plan L	Plan N
Standard Rates with Enrollment Discount² for individuals ages 68-74 who do not have any of the medical conditions on the application.³							
68	\$83.34	\$105.26	\$131.73	\$132.32	\$53.12	\$85.51	\$96.57
69	\$86.51	\$109.26	\$136.73	\$137.35	\$55.14	\$88.76	\$100.24
70	\$89.67	\$113.26	\$141.73	\$142.37	\$57.16	\$92.01	\$103.91
71	\$92.84	\$117.26	\$146.74	\$147.40	\$59.18	\$95.26	\$107.58
72	\$96.00	\$121.25	\$151.74	\$152.42	\$61.19	\$98.50	\$111.24
73	\$99.17	\$125.25	\$156.74	\$157.45	\$63.21	\$101.75	\$114.91
74	\$102.33	\$129.25	\$161.74	\$162.47	\$65.23	\$105.00	\$118.58
Standard Rates for individuals ages 75 and older who do not have any of the medical conditions on the application.³							
75+	\$105.50	\$133.25	\$166.75	\$167.50	\$67.25	\$108.25	\$122.25
Level 2 Rates for individuals ages 68 and older who have one or more of the medical conditions on the application.³							
68+	\$158.25	\$199.87	\$250.12	\$251.25	\$100.87	\$162.37	\$183.37

Group 3		Applies to individuals whose plan effective date will be 6 or more years following their 65th birthday or Medicare Part B effective date, if later.					
Age ¹	Plan A	Plan B	Plan C	Plan F	Plan K	Plan L	Plan N
Level 1 Rates for individuals ages 71 and older who do not have any of the medical conditions on the application.³							
71+	\$116.05	\$146.57	\$183.42	\$184.25	\$73.97	\$119.07	\$134.47
Level 2 Rates for individuals ages 71 and older who have one or more of the medical conditions on the application.³							
71+	\$158.25	\$199.87	\$250.12	\$251.25	\$100.87	\$162.37	\$183.37

The rates above are for plan effective dates from June - December 2010.

Cover Page - Rates for Pennsylvania - Area 3 Tobacco Monthly Plan Rates

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Group 1		Applies to individuals whose plan effective date will be within three years following their 65th birthday or Medicare Part B effective date, if later.					
Age ¹	Plan A	Plan B	Plan C	Plan F	Plan K	Plan L	Plan N
Standard Rates with Enrollment Discount² for individuals ages 65-74							
65	\$81.23	\$102.59	\$128.39	\$128.97	\$51.77	\$83.34	\$94.12
66	\$84.71	\$106.99	\$133.89	\$134.50	\$53.99	\$86.92	\$98.16
67	\$88.19	\$111.39	\$139.39	\$140.03	\$56.21	\$90.49	\$102.19
68	\$91.67	\$115.79	\$144.90	\$145.55	\$58.43	\$94.06	\$106.23
69	\$95.16	\$120.18	\$150.40	\$151.08	\$60.65	\$97.63	\$110.26
70	\$98.64	\$124.58	\$155.90	\$156.61	\$62.87	\$101.20	\$114.29
71	\$102.12	\$128.98	\$161.40	\$162.14	\$65.09	\$104.78	\$118.33
72	\$105.60	\$133.37	\$166.91	\$167.66	\$67.31	\$108.35	\$122.36
73	\$109.08	\$137.77	\$172.41	\$173.19	\$69.53	\$111.92	\$126.40
74	\$112.56	\$142.17	\$177.91	\$178.72	\$71.75	\$115.49	\$130.43
Standard Rates for ages 75 and older							
75+	\$116.05	\$146.57	\$183.42	\$184.25	\$73.97	\$119.07	\$134.47

Group 2		Applies to individuals whose plan effective date will be between 3 years and less than 6 years following their 65th birthday or Medicare Part B effective date, if later.					
Age ¹	Plan A	Plan B	Plan C	Plan F	Plan K	Plan L	Plan N
Standard Rates with Enrollment Discount² for individuals ages 68-74 who do not have any of the medical conditions on the application.³							
68	\$91.67	\$115.79	\$144.90	\$145.55	\$58.43	\$94.06	\$106.23
69	\$95.16	\$120.18	\$150.40	\$151.08	\$60.65	\$97.63	\$110.26
70	\$98.64	\$124.58	\$155.90	\$156.61	\$62.87	\$101.20	\$114.29
71	\$102.12	\$128.98	\$161.40	\$162.14	\$65.09	\$104.78	\$118.33
72	\$105.60	\$133.37	\$166.91	\$167.66	\$67.31	\$108.35	\$122.36
73	\$109.08	\$137.77	\$172.41	\$173.19	\$69.53	\$111.92	\$126.40
74	\$112.56	\$142.17	\$177.91	\$178.72	\$71.75	\$115.49	\$130.43
Standard Rates for individuals ages 75 and older who do not have any of the medical conditions on the application.³							
75+	\$116.05	\$146.57	\$183.42	\$184.25	\$73.97	\$119.07	\$134.47
Level 2 Rates for individuals ages 68 and older who have one or more of the medical conditions on the application.³							
68+	\$174.07	\$219.85	\$275.13	\$276.37	\$110.95	\$178.60	\$201.70

Group 3		Applies to individuals whose plan effective date will be 6 or more years following their 65th birthday or Medicare Part B effective date, if later.					
Age ¹	Plan A	Plan B	Plan C	Plan F	Plan K	Plan L	Plan N
Level 1 Rates for individuals ages 71 and older who do not have any of the medical conditions on the application.³							
71+	\$127.65	\$161.22	\$201.76	\$202.67	\$81.36	\$130.97	\$147.91
Level 2 Rates for individuals ages 71 and older who have one or more of the medical conditions on the application.³							
71+	\$174.07	\$219.85	\$275.13	\$276.37	\$110.95	\$178.60	\$201.70

The rates above are for plan effective dates from June - December 2010.

Cover Page - Rates for Pennsylvania - Area 3 Under 65 Monthly Plan Rates

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Group 4		Applies to individuals under the age of 65 who are eligible for Medicare by reason of disability.					
Age ¹	Plan A	Plan B	Plan C	Plan F	Plan K	Plan L	Plan N
	Non-Tobacco Rates						
50-64	\$73.85	\$93.27	\$116.72	\$117.25	\$47.07	\$75.77	\$85.57

The rates above are for plan effective dates from June - December 2010.

- 1 Your age as of your plan effective date.
- 2 **The Enrollment Discount** is available to applicants age 65 and over. 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.
- 3 Refer to Section 6 of the application.

Appendix III

Pennsylvania Area 1 Zip Codes, Effective January 1, 2010:

The Zip Codes below apply to rates included on the page headed "IMPORTANT RATE INFORMATION"

18039	18930	18971	19026	19063	19101	19133	19176	19331	19374	19432	19481
18041	18931	18972	19027	19064	19102	19134	19177	19333	19375	19435	19482
18054	18932	18974	19028	19065	19103	19135	19178	19335	19376	19436	19484
18070	18933	18976	19029	19066	19104	19136	19179	19339	19380	19437	19485
18073	18934	18977	19030	19067	19105	19137	19181	19340	19381	19438	19486
18074	18935	18979	19031	19070	19106	19138	19182	19341	19382	19440	19490
18076	18936	18980	19032	19072	19107	19139	19183	19342	19383	19441	19492
18077	18938	18981	19033	19073	19108	19140	19184	19343	19390	19442	19493
18081	18940	18991	19034	19074	19109	19141	19185	19344	19395	19443	19494
18084	18942	19001	19035	19075	19110	19142	19187	19345	19397	19444	19495
18901	18943	19002	19036	19076	19111	19143	19188	19346	19398	19446	19496
18902	18944	19003	19037	19078	19112	19144	19190	19347	19399	19450	19520
18910	18946	19004	19038	19079	19113	19145	19191	19348	19401	19451	19525
18911	18947	19006	19039	19080	19114	19146	19192	19350	19403	19453	
18912	18949	19007	19040	19081	19115	19147	19193	19351	19404	19454	
18913	18950	19008	19041	19082	19116	19148	19194	19352	19405	19455	
18914	18951	19009	19043	19083	19118	19149	19195	19353	19406	19456	
18915	18953	19010	19044	19085	19119	19150	19196	19354	19407	19457	
18916	18954	19012	19046	19086	19120	19151	19197	19355	19408	19460	
18917	18955	19013	19047	19087	19121	19152	19244	19357	19409	19462	
18918	18956	19014	19048	19088	19122	19153	19255	19358	19415	19464	
18920	18957	19015	19049	19089	19123	19154	19301	19360	19420	19465	
18921	18958	19016	19050	19090	19124	19155	19310	19362	19421	19468	
18922	18960	19017	19052	19091	19125	19160	19311	19363	19422	19470	
18923	18962	19018	19053	19092	19126	19161	19312	19365	19423	19472	
18924	18963	19019	19054	19093	19127	19162	19316	19366	19424	19473	
18925	18964	19020	19055	19094	19128	19170	19317	19367	19425	19474	
18926	18966	19021	19056	19095	19129	19171	19318	19369	19426	19475	
18927	18968	19022	19057	19096	19130	19172	19319	19371	19428	19477	
18928	18969	19023	19058	19098	19131	19173	19320	19372	19429	19478	
18929	18970	19025	19061	19099	19132	19175	19330	19373	19430	19480	
SA5088 PA (1/10)											

Pennsylvania Area 2 Zip Codes, Effective January 1, 2010:

The Zip Codes below apply to rates included on the page headed "IMPORTANT RATE INFORMATION"

15004	15049	15089	15140	15220	15252	15290	15339	15376	15436	15467	15613	15642	15684	15731	15944
15006	15051	15090	15142	15221	15253	15295	15340	15377	15437	15468	15615	15644	15685	15732	15949
15007	15053	15091	15143	15222	15254	15301	15341	15378	15438	15469	15616	15646	15687	15734	15954
15012	15054	15095	15144	15223	15255	15310	15342	15379	15439	15470	15617	15647	15688	15739	15957
15014	15055	15096	15145	15224	15257	15311	15344	15380	15440	15472	15618	15650	15689	15741	16211
15015	15056	15101	15146	15225	15258	15312	15345	15401	15442	15473	15619	15655	15690	15742	16246
15017	15057	15102	15147	15226	15259	15313	15346	15410	15443	15474	15620	15658	15691	15745	16256
15018	15060	15104	15148	15227	15260	15314	15347	15412	15444	15475	15621	15660	15692	15746	
15019	15062	15106	15201	15228	15261	15315	15348	15413	15445	15476	15622	15661	15693	15747	
15020	15063	15108	15202	15229	15262	15316	15349	15415	15446	15477	15623	15662	15695	15748	
15021	15064	15110	15203	15230	15264	15317	15350	15416	15447	15478	15624	15663	15696	15750	
15022	15065	15112	15204	15231	15265	15320	15351	15417	15448	15479	15625	15664	15697	15752	
15024	15067	15116	15205	15232	15267	15321	15352	15419	15449	15480	15626	15665	15698	15754	
15025	15068	15120	15206	15233	15268	15322	15353	15420	15450	15482	15627	15666	15701	15756	
15028	15069	15122	15207	15234	15270	15323	15357	15421	15451	15483	15628	15668	15705	15758	
15030	15071	15123	15208	15235	15272	15324	15358	15422	15454	15484	15629	15670	15710	15759	
15031	15072	15126	15209	15236	15274	15325	15359	15423	15455	15486	15631	15671	15712	15761	
15032	15075	15127	15210	15237	15275	15327	15360	15425	15456	15488	15632	15672	15713	15763	
15033	15076	15129	15211	15238	15276	15329	15361	15427	15458	15489	15633	15674	15716	15765	
15034	15078	15131	15212	15239	15277	15330	15362	15428	15459	15490	15634	15675	15717	15771	
15035	15082	15132	15213	15240	15278	15331	15363	15429	15460	15492	15635	15676	15720	15772	
15037	15083	15133	15214	15241	15279	15332	15364	15430	15461	15601	15636	15677	15723	15777	
15038	15084	15134	15215	15242	15281	15333	15365	15431	15462	15605	15637	15678	15724	15779	
15044	15085	15135	15216	15243	15282	15334	15366	15432	15463	15606	15638	15679	15725	15783	
15045	15086	15136	15217	15244	15283	15336	15367	15433	15464	15610	15639	15680	15727	15920	
15046	15087	15137	15218	15250	15286	15337	15368	15434	15465	15611	15640	15681	15728	15923	
15047	15088	15139	15219	15251	15289	15338	15370	15435	15466	15612	15641	15683	15729	15929	

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Pennsylvania Area 3 Zip Codes, Effective January 1, 2010:

The Zip Codes below apply to rates included on the page headed "IMPORTANT RATE INFORMATION"

15001	15533	15564	15778	15863	15942	16028	16101	16142	16226	16311	16352
15003	15534	15565	15780	15864	15943	16029	16102	16143	16228	16312	16353
15005	15535	15566	15781	15865	15945	16030	16103	16145	16229	16313	16354
15009	15536	15673	15784	15866	15946	16033	16105	16146	16230	16314	16360
15010	15537	15682	15801	15868	15948	16034	16107	16148	16232	16316	16361
15026	15538	15686	15821	15870	15951	16035	16108	16150	16233	16317	16362
15027	15539	15711	15822	15901	15952	16036	16110	16151	16234	16319	16364
15042	15540	15714	15823	15902	15953	16037	16111	16153	16235	16321	16365
15043	15541	15715	15824	15904	15955	16038	16112	16154	16236	16322	16366
15050	15542	15721	15825	15905	15956	16039	16113	16155	16238	16323	16367
15052	15544	15722	15827	15906	15958	16040	16114	16156	16239	16326	16368
15059	15545	15730	15828	15907	15959	16041	16115	16157	16240	16327	16369
15061	15546	15733	15829	15909	15960	16045	16116	16159	16242	16328	16370
15066	15547	15736	15831	15915	15961	16046	16117	16160	16244	16329	16371
15074	15548	15737	15832	15921	15962	16048	16120	16161	16245	16331	16372
15077	15549	15738	15834	15922	15963	16049	16121	16172	16248	16332	16373
15081	15550	15740	15840	15924	16001	16050	16123	16201	16249	16333	16374
15411	15551	15744	15841	15925	16002	16051	16124	16210	16250	16334	16375
15424	15552	15753	15845	15926	16003	16052	16125	16212	16253	16335	16388
15485	15553	15757	15846	15927	16016	16053	16127	16213	16254	16340	16401
15501	15554	15760	15847	15928	16017	16054	16130	16214	16255	16341	16402
15502	15555	15762	15848	15930	16018	16055	16131	16217	16257	16342	16403
15510	15557	15764	15849	15931	16020	16056	16132	16218	16258	16343	16404
15520	15558	15767	15851	15934	16021	16057	16133	16220	16259	16344	16405
15521	15559	15770	15853	15935	16022	16058	16134	16221	16260	16345	16406
15522	15560	15773	15856	15936	16023	16059	16136	16222	16261	16346	16407
15530	15561	15774	15857	15937	16024	16061	16137	16223	16262	16347	16410
15531	15562	15775	15860	15938	16025	16063	16140	16224	16263	16350	16411
15532	15563	15776	15861	15940	16027	16066	16141	16225	16301	16351	16412

Pennsylvania Area 3 Zip Codes CONTINUED

16413	16508	16625	16665	16725	16828	16865	16932	17018	17051	17084	17127
16415	16509	16627	16666	16726	16829	16866	16933	17019	17052	17085	17128
16416	16510	16629	16667	16727	16830	16868	16935	17020	17053	17086	17129
16417	16511	16630	16668	16728	16832	16870	16936	17021	17054	17087	17130
16420	16512	16631	16669	16729	16833	16871	16937	17022	17055	17088	17140
16421	16514	16633	16670	16730	16834	16872	16938	17023	17056	17089	17177
16422	16515	16634	16671	16731	16835	16873	16939	17024	17057	17090	17201
16423	16522	16635	16672	16732	16836	16874	16940	17025	17058	17093	17202
16424	16530	16636	16673	16733	16837	16875	16941	17026	17059	17094	17210
16426	16531	16637	16674	16734	16838	16876	16942	17027	17060	17097	17211
16427	16534	16638	16675	16735	16839	16877	16943	17028	17061	17098	17212
16428	16538	16639	16677	16738	16840	16878	16945	17029	17062	17099	17213
16430	16541	16640	16678	16740	16841	16879	16946	17030	17063	17101	17214
16432	16544	16641	16679	16743	16843	16881	16947	17032	17064	17102	17215
16433	16546	16644	16680	16744	16844	16882	16948	17033	17065	17103	17217
16434	16550	16645	16681	16745	16845	16901	16950	17034	17066	17104	17219
16435	16553	16646	16682	16746	16847	16910	17001	17035	17067	17105	17220
16436	16563	16647	16683	16748	16848	16911	17002	17036	17068	17106	17221
16438	16565	16648	16684	16749	16849	16912	17003	17037	17069	17107	17222
16440	16601	16650	16685	16750	16850	16914	17004	17038	17070	17108	17223
16441	16602	16651	16686	16801	16851	16915	17005	17039	17071	17109	17224
16442	16603	16652	16689	16802	16852	16917	17006	17040	17072	17110	17225
16443	16611	16654	16691	16803	16853	16920	17007	17041	17073	17111	17228
16444	16613	16655	16692	16804	16854	16921	17009	17042	17074	17112	17229
16475	16616	16656	16693	16805	16855	16922	17010	17043	17075	17113	17231
16501	16617	16657	16694	16820	16856	16923	17011	17044	17076	17120	17232
16502	16619	16659	16695	16821	16858	16925	17012	17045	17077	17121	17233
16503	16620	16660	16698	16822	16859	16926	17013	17046	17078	17122	17235
16504	16621	16661	16699	16823	16860	16927	17014	17047	17080	17123	17236
16505	16622	16662	16701	16825	16861	16928	17015	17048	17081	17124	17237
16506	16623	16663	16720	16826	16863	16929	17016	17049	17082	17125	17238
16507	16624	16664	16724	16827	16864	16930	17017	17050	17083	17126	17239

Pennsylvania Area 3 Zip Codes CONTINUED

17240	17307	17350	17505	17555	17611	17758	17832	17872	17944	18003	18056
17241	17309	17352	17506	17557	17699	17760	17833	17876	17945	18010	18058
17243	17310	17353	17507	17560	17701	17762	17834	17877	17946	18011	18059
17244	17311	17354	17508	17562	17702	17763	17835	17878	17948	18012	18060
17246	17312	17355	17509	17563	17703	17764	17836	17880	17949	18013	18062
17247	17313	17356	17512	17564	17705	17765	17837	17881	17951	18014	18063
17249	17314	17358	17516	17565	17720	17767	17839	17882	17952	18015	18064
17250	17315	17360	17517	17566	17721	17768	17840	17883	17953	18016	18065
17251	17316	17361	17518	17567	17723	17769	17841	17884	17954	18017	18066
17252	17317	17362	17519	17568	17724	17771	17842	17885	17957	18018	18067
17253	17318	17363	17520	17569	17726	17772	17843	17886	17959	18020	18068
17254	17319	17364	17521	17570	17727	17773	17844	17887	17960	18025	18069
17255	17320	17365	17522	17572	17728	17774	17845	17888	17961	18030	18071
17256	17321	17366	17527	17573	17729	17776	17846	17889	17963	18031	18072
17257	17322	17368	17528	17575	17730	17777	17847	17901	17964	18032	18078
17260	17323	17370	17529	17576	17731	17778	17850	17920	17965	18034	18079
17261	17324	17371	17532	17578	17735	17779	17851	17921	17966	18035	18080
17262	17325	17372	17533	17579	17737	17801	17853	17922	17967	18036	18083
17263	17327	17375	17534	17580	17738	17810	17855	17923	17968	18037	18085
17264	17329	17401	17535	17581	17739	17812	17856	17925	17970	18038	18086
17265	17331	17402	17536	17582	17740	17813	17857	17929	17972	18040	18087
17266	17332	17403	17537	17583	17742	17814	17858	17930	17974	18042	18088
17267	17333	17404	17538	17584	17744	17815	17859	17931	17976	18043	18091
17268	17337	17405	17540	17585	17745	17820	17860	17932	17978	18044	18092
17270	17339	17406	17543	17601	17747	17821	17861	17933	17979	18045	18098
17271	17340	17407	17545	17602	17748	17822	17862	17934	17980	18046	18099
17272	17342	17408	17547	17603	17749	17823	17864	17935	17981	18049	18101
17301	17343	17415	17549	17604	17750	17824	17865	17936	17982	18050	18102
17302	17344	17501	17550	17605	17751	17827	17866	17938	17983	18051	18103
17303	17345	17502	17551	17606	17752	17829	17867	17941	17985	18052	18104
17304	17347	17503	17552	17607	17754	17830	17868	17942	18001	18053	18105
17306	17349	17504	17554	17608	17756	17831	17870	17943	18002	18055	18106

Pennsylvania Area 3 Zip Codes CONTINUED

18109	18248	18346	18426	18462	18614	18660	18822	19508	19560
18195	18249	18347	18427	18463	18615	18661	18823	19510	19562
18201	18250	18348	18428	18464	18616	18690	18824	19511	19564
18202	18251	18349	18430	18465	18617	18701	18825	19512	19565
18210	18252	18350	18431	18466	18618	18702	18826	19516	19567
18211	18254	18351	18433	18469	18619	18703	18827	19518	19601
18212	18255	18352	18434	18470	18621	18704	18828	19519	19602
18214	18256	18353	18435	18471	18622	18705	18829	19522	19603
18216	18301	18354	18436	18472	18623	18706	18830	19523	19604
18218	18302	18355	18437	18473	18624	18707	18831	19526	19605
18219	18320	18356	18438	18501	18625	18708	18832	19529	19606
18220	18321	18357	18439	18502	18626	18709	18833	19530	19607
18221	18322	18360	18440	18503	18627	18710	18834	19533	19608
18222	18323	18370	18441	18504	18628	18711	18837	19534	19609
18223	18324	18371	18443	18505	18629	18762	18840	19535	19610
18224	18325	18372	18444	18507	18630	18764	18842	19536	19611
18225	18326	18373	18445	18508	18631	18765	18843	19538	19612
18229	18327	18403	18446	18509	18632	18766	18844	19539	
18230	18328	18405	18447	18510	18634	18767	18845	19540	
18231	18330	18407	18448	18512	18635	18769	18846	19541	
18232	18331	18410	18449	18515	18636	18773	18847	19542	
18234	18332	18411	18451	18517	18640	18801	18848	19543	
18235	18333	18413	18452	18518	18641	18810	18850	19544	
18237	18334	18414	18453	18519	18642	18812	18851	19545	
18239	18335	18415	18454	18540	18643	18813	18853	19547	
18240	18336	18416	18455	18577	18644	18814	18854	19548	
18241	18337	18417	18456	18601	18651	18815	19501	19549	
18242	18340	18419	18457	18602	18653	18816	19503	19550	
18244	18341	18420	18458	18603	18654	18817	19504	19551	
18245	18342	18421	18459	18610	18655	18818	19505	19554	
18246	18343	18424	18460	18611	18656	18820	19506	19555	
18247	18344	18425	18461	18612	18657	18821	19507	19559	

SA5088 PC (1/10)



Questions?

Contact the Producer Help Desk (PHD).

Phone:

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Monday through Friday

8:00 a.m.–8:00 p.m. EST

E-mail:

phd@uhc.com

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