

## A Medicare supplement plan puts your priorities first.

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company, (UnitedHealthcare), like any Medicare supplement insurance plans and Original Medicare (Parts A & B), work together to help keep your out-of-pocket medical costs not paid by Medicare, such as deductibles and other copays, to a minimum.







MEDICARE SUPPLEMENT PLANS OFFER:				
Doctor Choice	Select your own doctors and hospitals, as long as they accept Medicare patients.			
Freedom	Your coverage goes with you when traveling anywhere in the U.S.			
Flexibility	May change to another AARP Medicare Supplement Plan at any time.*			

## Take charge of your health care.



**Troy Peterman 941-302-8879**troy@petermanadvisory.com
www.petermanadvisory.com



UnitedHealthcare Insurance Company (UnitedHealthcare)

FY10082ST June24

<sup>\*</sup>In most states, except for CT, MA, NY and VT, if you choose to change plans, you may be underwritten and may not be accepted into the plan if you are outside of Open Enrollment or Guaranteed Issue Periods or, if accepted, your rates may change.

AARP Medicare Supplement Plans*	least to most comprehensive					first eligible before 2020 only.	
Description of service		В	K	L	N	G	F
Medicare Part A coinsurance and hospital costs (up to an additional 365 days after Medicare benefits are used)		<b>4</b>	<b>⊘</b>	<b>«</b>	<b>✓</b>		
Medicare Part A deductible		$\checkmark$	50%	75%			
Medicare Part B coinsurance or copay		$\checkmark$	50%²	75%²	Copay <sup>1</sup>	<b></b>	
Medicare Part B deductible <sup>3</sup>							
Medicare Part B excess charges <sup>4</sup>						$\checkmark$	
Blood (first three pints)		$\checkmark$	50%	75%	$\checkmark$	<b></b>	
Foreign travel emergency (up to plan limits) <sup>5</sup>					80%	80%	80%
Hospice Part A coinsurance or copay and respite care expense		<b></b>	50%	75%		<b>4</b>	
Skilled nursing facility coinsurance			50%	75%	$\checkmark$	$\checkmark$	
2025 out-of-pocket limit (Plans K and L only) <sup>2</sup>			\$7,220	\$3,610			

Medicare

You must be an AARP member to enroll in an AARP Medicare Supplement Plan (you can join AARP for just \$16.00 a year).

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

Insured by UnitedHealthcare Insurance Company, 185 Asylum Street, Hartford, CT 06103 (UnitedHealthcare Insurance Company of New York, Islandia, NY, 11749, for New York residents). Policy Form No. GRP 79171 GPS-1 (G-36000-4).

In some states, plans may be available to persons under age 65 who are eligible for Medicare by reason of disability or end-stage renal disease.

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

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

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

FY10082ST June24

<sup>\*</sup>Plans C and F are available to individuals who have been first eligible for Medicare before 2020. Plans G and N are available as Medicare Select Plans.

Network restrictions apply. Benefits and costs vary depending on plan chosen. In MA, MN and WI, Medigap policies are standardized in a different way. There are additional Plan choices available in FL, MI, NC and NJ.

<sup>&</sup>lt;sup>1</sup> Plan N pays 100% of the Part B coinsurance, except for a copay of up to \$20 for some office visits and up to a \$50 copay for emergency room visits that don't result in an inpatient admission.

<sup>&</sup>lt;sup>2</sup> For Plans K and L, after you meet your out-of-pocket yearly limit and your yearly Part B deductible (\$257 in 2025), the Medicare supplement plan pays 100% of covered services for the rest of the calendar year.

<sup>&</sup>lt;sup>3</sup> Once you have been billed \$257 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year. Chart reflects 2025 data.

<sup>&</sup>lt;sup>4</sup> In New York, excess charges are limited to 5%. In Pennsylvania, a physician may not charge or collect fees from Medicare patients which exceed the Medicare-approved Part B charge. Plans F and G pay benefits for excess charges when services are rendered in a jurisdiction not having a balance billing law. Vermont law generally prohibits a physician from charging more than the Medicare-approved amount. However, there are exceptions and this prohibition may not apply if you receive services out of state. In Texas, the amount cannot exceed 15% over the Medicare-approved amount or any other charge limitation established by the Medicare program or state law. Note that the limiting charge applies only to certain services and does not apply to some supplies and durable medical equipment.

<sup>&</sup>lt;sup>5</sup> Care needed immediately because of an injury or an illness of sudden and unexpected onset. Benefit is 80% and beneficiaries are responsible for 20% after the \$250 annual deductible with a \$50,000 lifetime maximum for medically necessary emergency care received outside the U.S. during the first 60 days of each trip.