



Enrollment Kit



Wisconsin

Enrollment materials are for June 1, 2024 – May 1, 2025 plan effective dates.

AARP® Medicare Supplement Insurance Plans,
insured by UnitedHealthcare Insurance Company (UnitedHealthcare)

There for you now, and in the future.

Like many on Medicare, you may be looking for additional benefits to help pay for some of the out-of-pocket medical expenses not covered. Medicare Supplement insurance plans offer standardized benefits to help keep you covered. With an AARP® Medicare Supplement Insurance Plan, insured by UnitedHealthcare Insurance Company (UnitedHealthcare), you may enjoy:



Experience

- ✓ UnitedHealthcare has been serving the health care needs of people like you for more than 50 years.¹
- ✓ More people choose UnitedHealthcare for their Medicare Supplement insurance coverage than any other company, making us the #1 provider of Medicare Supplement plans in the nation.²



Freedom

- ✓ Visit any doctor, any specialist, and any hospital that accepts Medicare patients.
- ✓ Use your plan when traveling anywhere in the U.S., and for some plans, medical emergencies abroad.



Stability

- ✓ Guaranteed coverage for life.*
- ✓ More predictable out-of-pocket medical costs.
- ✓ 95% of surveyed members would continue with their AARP Medicare Supplement Plan.³

And that's not all -- UnitedHealthcare is committed to offering quality service; 95% of surveyed members are satisfied with their AARP Medicare Supplement Plan.³

Inside this enrollment kit, you will find information detailing the benefits and rates for each available plan. You'll also learn about other reasons to choose an AARP Medicare Supplement Plan.

UnitedHealthcare would be honored to serve your health insurance needs - now, and for years to come.

AARP® | Medicare Supplement
 from  **UnitedHealthcare**®
 UnitedHealthcare Insurance
 Company (UnitedHealthcare)

Important Notice: You are entitled to receive a “Wisconsin Guide to Health Insurance for People with Medicare.” This guide is free and briefly describes the Medicare program and the health insurance available to those on Medicare. If you are interested in receiving this free guide, please call 1-800-272-2146, toll-free, or find it on the web at www.medsupeducation.com.

*As long as you pay your premiums when due and you do not make any material misrepresentation when you apply for this plan.

¹ From a report prepared for UnitedHealthcare by Human8, “Substantiation of Advertising Claims Concerning AARP Medicare Supplement Insurance Plans,” June 2023, www.uhcmedsupstats.com or call 1-800-523-5800 to request a copy of the full report.

² From a report prepared for UnitedHealthcare by Mark Farrah Associates, “December 2023 Medigap Enrollment & Market Share,” July 2024, www.uhcmedsupstats.com or call 1-800-523-5800 to request a copy of the full report.

³ From a report prepared for UnitedHealthcare by Human8, “2023 Medicare Supplement Plan Satisfaction Posted Questionnaire,” May 2023, www.uhcmedsupstats.com or call 1-800-523-5800 to request a copy of the full report.

AARP endorses the AARP Medicare Supplement Insurance 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.

You must be an AARP member to enroll in an AARP Medicare Supplement Plan (you can join AARP for just \$20.00 a year).

Insured by UnitedHealthcare Insurance Company, Hartford, CT. Policy form No. GRP 79171 GPS-1 (G-36000-4).

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 may contact you.

See the enclosed materials for complete information including benefits, costs, eligibility requirements, exclusions and limitations.



Exclusive Services & Discounts



Exclusive Services & Discounts

AARP | Medicare Supplement
from  **UnitedHealthcare**

AARP Medicare Supplement Insurance Plans,
insured by UnitedHealthcare Insurance Company

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You must be an AARP member to enroll in an AARP Medicare Supplement Insurance Plan.

Insured by UnitedHealthcare Insurance Company, Horsham, PA (UnitedHealthcare Insurance Company of New York, Islandia, NY 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.

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See enclosed materials for complete information including benefits, costs, eligibility requirements, exclusions and limitations.

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Gym Membership, Discounts, and More

Once you're enrolled in an AARP® Medicare Supplement Insurance Plan from UnitedHealthcare Insurance Company (UnitedHealthcare), you'll get insured member discounts and services.



Gym Membership

Renew Active® Fitness Program:

- A gym membership at no additional cost to you.
- Access to over 25,000 national gyms and fitness locations.
- Access to thousands of on-demand workout videos and live streaming fitness classes.



Brain Health

An online program offering content about brain health, including the Cognitive Assessment and Lifestyle Check-ins as well as exclusive content for Renew Active members, such as videos and interactive challenges, from AARP® Staying Sharp®.



Dental Discount

Receive discounts for dental services from in-network dentists through Dentegra:

- In-network discounts generally average 30-40%[†] off of contracted rates nationally for a range of dental services, including cleanings, exams, fillings and crowns.
- Access to 29,000 in-network general dentists and specialists at 130,000 locations nationwide.
- No waiting periods, deductibles, or annual maximums.



Vision Discount

Receive an additional \$50 off in addition to your AARP Vision Discount of 50% off lenses or best in-store offer when you purchase a frame and progressive lenses. Complete pair required.

LensCrafters Includes:

- A \$50 discount on complete frames/lens at LensCrafters on top of the AARP member discount.*



Hearing Discount

As an AARP Medicare Supplement plan member, you receive an exclusive discount on hearing aids and care. **AARP® Hearing Solutions™ provided by UnitedHealthcare Hearing** includes:

- Additional \$100 off per name-brand prescription hearing aid on top of the already discounted program rates – meaning \$200 off per pair!
- 4-year extended warranty on name-brand prescription hearing aids to help ensure the best listening experience.
- Access to Relate® prescription hearing aids, UnitedHealthcare Hearing's private-label brand, for an affordable, high-quality option with a variety of helpful features and technology.
- No-cost hearing exam, consultation, and expert support from UnitedHealthcare Hearing's nationwide network of experienced hearing providers near you.



24/7 Nurse line

A registered nurse is available to discuss your concerns and answer questions over the phone anytime, day or night. Interpretation services are available in Spanish, as well as in 140+ languages.

- Nurses are also available to help guide you to community resources. These resources may help provide assistance on transportation services, understanding medication cost options, and availability of meal delivery services.



Driver Safety

Refresh your driving skills with the **AARP Smart Driver™** course. The course helps participants brush up on rules of the road and reduce driver distractions.

When you take the AARP Smart Driver™ course, you could be eligible for a discount on your auto insurance.¹ The course is available online or in-person, and is offered at no additional cost to AARP Medicare Supplement Plan holders.²

AARP® | Medicare Supplement
from  **UnitedHealthcare**

These offers are available at no additional cost to you and are only available to insured members covered under an AARP Medicare Supplement Plan from UnitedHealthcare Insurance Company. These are additional insured member services apart from the AARP Medicare Supplement Plan benefits, are not insurance programs, are subject to geographical availability and may be discontinued at any time. Certain offerings are provided by third parties not affiliated with UnitedHealthcare Insurance Company. None of these services are a substitute for the advice of a doctor or should be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room.

Renew Active Fitness Program

Participation in the Renew Active® program is voluntary. Renew Active includes standard fitness membership and other offerings. Fitness membership equipment, classes, personalized fitness plans, caregiver access and events may vary by location. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. The Renew Active program varies by plan/area. Gym network may vary in local market.

AARP Staying Sharp

UnitedHealthcare will receive, from AARP Staying Sharp, program confirmation code information together with data regarding your usage of AARP Staying Sharp (for example, the number of times you visited their website each month). This information may be used by UnitedHealthcare to potentially help develop future programs and services for its insured members.

Access to this service is subject to your acceptance of the Staying Sharp Legal Disclaimer, Terms of Service, and Privacy Policy. Existing Users who have already accepted AARP's Terms of Service and Privacy Policy will not be required to create a new AARP® Online Account but will need to accept Staying Sharp's Legal Disclaimer and additional Terms of Service.

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

Dentegra Dental Discount

†Dentegra Fee Schedules vs. FAIR Health Mean Data, 01/2023

THIS IS NOT INSURANCE and not intended to replace insurance.

All decisions about medications and dental care are between you and your dentist or health care provider. The Dentegra dental discount is not a Qualified Health Plan under the Affordable Care Act. Products or services that are reimbursable by federal programs including Medicare and Medicaid are not available on a discounted or complimentary basis. The Dentegra dental discount provides discounts at certain health care providers for dental services. The range of discounts will vary depending on the type of provider, geographic region and service. The Dentegra dental discount does not make payments to the providers of dental services. Individuals who utilize the Dentegra dental discount are obligated to pay for all health care services but will receive a discount from those health care providers who have contracted with Dentegra Insurance Company. Dentegra Insurance Company, 560 Mission Street, San Francisco, CA 94105, is the Discount Plan Organization.

AARP Vision Discounts provided by LensCrafters

These discounts cannot be combined with any other discounts, promotions, coupons, or vision care plans unless noted herein. All decisions about medications and vision care are between you and your health care provider. Products or services that are reimbursable by federal programs including Medicare and Medicaid are not available on a discounted or complimentary basis. LensCrafters pays a royalty fee to AARP for use of the AARP intellectual property. Amounts paid are used for the general purposes of AARP and its members.

* Present offer to receive a bonus \$50 off in addition to your AARP Vision Discount of 50% off lenses or best in-store offer when you purchase a frame and progressive lenses. Complete pair required. Frame and lens purchase cannot be combined with any other offers, discounts,

past purchases, readers or non-prescription sunglasses. Valid doctor's prescription required and the cost of an eye exam is not included. Eyeglasses priced from \$218.29 to \$2,423.33. Cartier®, Lindberg®, Oakley® Kato, Oliver Peoples, Maui Jim® frames, and wearable electronics excluded. Additional frame and lens exclusions and restrictions may apply, see store associate for details. Void where prohibited. Discounts are off tag price. No cash value. Offer expires 12/31/2025. Code 755453.

AARP Hearing Solutions provided by UnitedHealthcare Hearing

The additional \$100 off discount and 4-year extended warranty only applies to name-brand prescription hearing aid purchases and does not apply to over the counter or Relate® purchases. One complimentary hearing test is only available from UnitedHealthcare Hearing providers, for purposes of determining hearing aid candidacy. These discounts cannot be combined with any other discounts, promotions, coupons, or hearing aid benefit plans unless noted herein. Products or services that are reimbursable by federal programs including Medicare and Medicaid are not available on a discounted or complimentary basis. AARP commercial member benefits are provided by third parties, not by AARP or its affiliates. Providers pay a royalty fee to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. Some provider offers are subject to change and may have restrictions. Please contact the provider directly for details.

Nurse line

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

AARP Driver Safety

¹ Upon completion, you may be eligible to receive an auto insurance discount. Other restrictions may apply. Consult your agent for details. This offer is non-transferrable and void where prohibited.

Your participation in the **AARP Smart Driver™** course is completely voluntary, and participation will not impact your health coverage. Participation in this offering is subject to your acceptance of the AARP® Smart Driver™ Terms of Use and Privacy Policy.

² Some facilities charge an administrative fee. When registering, check local course listings for administrative fee information.

AARP Medicare Supplement Insurance Plans

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

You must be an AARP member to enroll in an AARP Medicare Supplement Plan.

AARP Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company, 185 Asylum Street, Hartford, CT 06103-3408. 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 agent/producer may contact you.

Please see the enclosed materials for complete information including benefits, costs, eligibility requirements, exclusions and limitations.

Bright Ways To Save



Contact your
licensed insurance
agent/producer
to get your
personalized
rate quote.

These discounts can add up to valuable savings on an AARP® Medicare Supplement Insurance Plan, insured by UnitedHealthcare Insurance Company (UnitedHealthcare).

SAVE up to 51%* with the Enrollment Discount

See the Enrollment Discount page in this booklet to determine your eligibility and discount.

SAVE 7% with the Multi-Insured Discount

You can take 7% off your monthly premiums if two or more members are enrolled under the same AARP membership number and each is insured under an eligible AARP-branded supplemental insurance policy insured by UnitedHealthcare Insurance Company.

TAKE \$24 OFF with Electronic Funds Transfer

You'll save \$2.00 off your total monthly premium, or \$24 per year, when you use the convenient and easy payment option, Electronic Funds Transfer (EFT). Your monthly payments are automatically forwarded by your bank, which means no checks to write and no postage to pay. Simply complete the EFT form located in this booklet.

SAVE \$24 per year with the Annual Payer Discount

Take \$24 off your total premium when you pay your entire 12-month premium.

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

LOCK In Your Premium with the Rate Guarantee

Your rate is guaranteed for 12 months from your initial plan effective date. Insured members will not receive an additional rate guarantee when changing from one AARP Medicare Supplement Plan to another.

AARP Medicare Supplement
from  **UnitedHealthcare**

*The discount is 51% at ages 65 through 67. The discount percentage reduces by 2% each year on the anniversary date of your plan from age 68 to age 73 and then by 3% from age 74 until it reaches 0% on the anniversary date of your plan on or after age 86. This discount is available to new applicants who are accepted to enroll in an AARP Medicare Supplement Plan for June 1, 2023 and after Plan Effective Dates.

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You must be an AARP member to enroll in an AARP Medicare Supplement Plan.

Insured by UnitedHealthcare Insurance Company, Hartford, CT. Policy Form No. GRP 79171 GPS-1 (G-36000-4).

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.

See the enclosed materials for complete information, including benefits, costs, eligibility requirements, exclusions, and limitations.



Plans & Rates



Plans & Rates

AARP | Medicare Supplement
from  **UnitedHealthcare**

AARP Medicare Supplement Insurance Plans,
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You must be an AARP member to enroll in an AARP Medicare Supplement Insurance Plan.

Insured by UnitedHealthcare Insurance Company, Horsham, PA (UnitedHealthcare Insurance Company of New York, Islandia, NY 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.

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See enclosed materials for complete information including benefits, costs, eligibility requirements, exclusions and limitations.

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UnitedHealthcare Insurance Company
OUTLINE OF MEDICARE SUPPLEMENT INSURANCE
MEDICARE SUPPLEMENT INSURANCE

The Wisconsin Insurance Commissioner has set standards for Medicare Supplement insurance. This plan meets these standards. It, along with Medicare, may not cover all of your medical costs. You should review carefully all plan limitations. For an explanation of these standards and other important information, see “Wisconsin Guide to Health Insurance for People with Medicare,” given to you when you applied for this plan. Do not buy this plan if you did not get this guide.

PREMIUM INFORMATION – To keep your plan in force, pay the premium when it is due. The premium for your plan can change. Any change will apply to everyone with this plan who resides in your area at that time and who is in a situation similar to yours with respect to age, health conditions, tobacco use or other factors used to determine premiums. Your premium can only be changed with the approval of AARP and the Wisconsin insurance department. Please note, if you change your primary residence, your premium may be adjusted.

DISCLOSURES – Use this outline to compare benefits and premiums with other Medicare Supplement insurance. Benefits and exclusions paid by your plan will automatically change when Medicare’s requirements change.

This Outline of Coverage does not give all the details of Medicare coverage. Contact your local Social Security Office or consult “Medicare & You” for more details.

This plan and optional riders are not connected with or endorsed by the U.S. Government or the Federal Medicare Program.

READ YOUR CERTIFICATE VERY CAREFULLY – This is only an outline describing your certificate’s most important features. The certificate is your insurance contract. You must read the certificate itself to understand all of the rights and duties of both you and your insurance company.

RIGHT TO RETURN CERTIFICATE – If you decide you do not want this plan, within 30 days after you receive your certificate, you must do one of these two things:

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

When your request is received, your certificate will be treated as if no coverage was in force from the effective date. Also, any premium you paid will be refunded. If any claims are paid for you before your request is processed, UnitedHealthcare has the right to recover what was paid. The premium returned to you will be reduced by the amount of the claims paid. If the amount paid for your claims is more than the premium you paid, you will not receive a premium refund.

CERTIFICATE REPLACEMENT – If you are replacing other health insurance coverage, do NOT cancel it until you have actually received your new certificate and are sure you want to keep it.

NOTICE – This plan may not fully cover all of your medical costs. For Wisconsin mandated benefits, benefits are payable for the Usual and Prevailing Charge, which may not equal the actual charge.

**Neither UnitedHealthcare Insurance Company Nor Its
Agents Are Connected With Medicare.**

Outline of Medicare Supplement Insurance Basic Medicare Supplement Plan

| Medicare Part A: Hospital Services per Benefit Period ¹ | | | | |
|--|--|---|---|-------------------------------|
| Service | | Medicare Pays | Basic Plan Pays | You Pay |
| Hospitalization¹ Semiprivate room and board, general nursing and miscellaneous services and supplies. | First 60 days | All but \$1,676 | \$0 or <input type="checkbox"/> Optional Part A Deductible Rider 1 (OW) ² or <input type="checkbox"/> Optional 50% Part A Deductible Rider 2 (PW) ^{2,4} | \$1,676 or \$0 or \$838 |
| | Days 61–90 | All but \$419 per day | \$419 per day | \$0 |
| | Days 91 and later while using 60 lifetime reserve days | All but \$838 per day | \$838 per day | \$0 |
| | After lifetime reserve days are used, an additional 365 days | \$0 | 100% of Medicare eligible expenses ³ | \$0 ³ |
| | Beyond the additional 365 days | \$0 | \$0 | All costs |
| Skilled Nursing Facility Care¹ You must meet Medicare’s requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital. | First 20 days | All approved amounts | \$0 | \$0 |
| | 21 st through 100 th day | All but \$209.50 a day | Up to \$209.50 a day | \$0 |
| | 101 st day and after | \$0 | \$0 | All costs |
| Inpatient Psychiatric Care (A Wisconsin Mandated Benefit) | In a participating psychiatric hospital | 190 days per lifetime | 175 days per lifetime | All charges beyond 365 days |
| Blood | First 3 pints | \$0 | First 3 pints | \$0 |
| | Additional amounts | 100% | \$0 | \$0 |
| Hospice Care | | All but very limited co-payment or co-insurance for outpatient drugs and inpatient respite care | Medicare co-payment or co-insurance | \$0 |

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Notes

- ¹ A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.
- ² These are optional riders. You may purchase these riders for an additional premium.
- ³ NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy’s “Core Benefits.”
- ⁴ This Optional Rider pays 50% of the Medicare Part A deductible.

Outline of Medicare Supplement Insurance Basic Medicare Supplement Plan

Medicare Part B: Medical Services per Calendar Year

| Service | Each Calendar Year | Medicare Pays | Basic Plan Pays | You Pay |
|---|---|---|--|--|
| Medical Expenses Eligible expense for physician's services, inpatient and outpatient medical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment. | First \$257 of Medicare-approved amounts ⁵ | \$0 | \$0 or <input type="checkbox"/> Optional Part B Deductible Rider 3 (QW) ⁶ | \$257 or \$0 |
| | Remainder of Medicare-approved amounts | Generally 80% | Generally 20% <input type="checkbox"/> Optional Medicare Part B Excess Charges Rider 1 (OW) ⁷ or Rider 2 (PW) ⁷ | Part B excess charges or \$0 |
| Blood | First 3 pints | \$0 | All costs | \$0 |
| | Next \$257 of Medicare-approved amounts ⁵ | \$0 | \$0 or <input type="checkbox"/> Optional Part B Deductible Rider 3 (QW) ⁶ | \$257 or \$0 |
| | Remainder of Medicare-approved amounts | 80% | 20% | \$0 |
| Clinical Laboratory Services Tests For Diagnostic Services | | 100% | \$0 | \$0 |
| Home Health Care | | | | |
| Home Health Care | | 100% of charges for visits considered medically necessary by Medicare | 40 visits or <input type="checkbox"/> Optional Additional Home Health Care Rider 4 (SW) ⁷ | All charges beyond 40 visits per calendar year or All charges beyond 365 visits per calendar year |

Notes

⁵ Once you have been billed \$257 of Medicare-approved amounts for covered services, your Medicare Part B Deductible will have been met for the calendar year.

⁶ This is an optional rider. You may purchase this rider for an additional premium if your 65th birthday is prior to 1/1/2020 or your Medicare Part A effective date is prior to 1/1/2020.

⁷ These are optional riders. You may purchase these riders for an additional premium.

Outline of Medicare Supplement Insurance Basic Medicare Supplement Plan

Other Benefits not covered by Medicare

| Service | Each Calendar Year | Medicare Pays | Basic Plan Pays | You Pay |
|---|--------------------------------|---------------|---|--|
| Foreign Travel Emergency Rider 1 (OW)⁷ or Rider 2 (PW)⁷ | First \$250 each calendar year | \$0 | \$0 | \$250 |
| NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA. | Remainder of charges | \$0 | 80% to a lifetime maximum benefit of \$50,000 | 20% and amounts over 50,000 lifetime maximum |
| Preventive Medical Care Benefit | First \$120 each calendar year | \$0 | \$120 | \$0 |
| Some annual physical and preventive tests and services, administered or ordered by your doctor when not covered by Medicare. | Additional Charges | \$0 | \$0 | All costs |

Notes

⁷ These are optional riders. You may purchase these riders for an additional premium.

Outline of Medicare Supplement Insurance Basic Medicare Supplement Plan with Co-payments

Medicare Part A: Hospital Services per Benefit Period¹

| Service | | Medicare Pays | Plan Pays | You Pay |
|--|--|---|---|-----------------------------------|
| Hospitalization¹ Semiprivate room and board, general nursing and miscellaneous services and supplies. | First 60 days | All but \$1,676 | \$0 or <input type="checkbox"/> Optional Part A Deductible Rider 1 (OW) ² or <input type="checkbox"/> Optional 50% Part A Deductible Rider 2 (PW) ^{2,4} | \$1,676 or \$0 or \$838 |
| | Days 61–90 | All but \$419 per day | \$419 per day | \$0 |
| | Days 91 and later while using 60 lifetime reserve days | All but \$838 per day | \$838 per day | \$0 |
| | After lifetime reserve days are used, an additional 365 days | \$0 | 100% of Medicare eligible expenses ³ | \$0 ³ |
| | Beyond the additional 365 days | \$0 | \$0 | All costs |
| Skilled Nursing Facility Care¹ You must meet Medicare’s requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital. | First 20 days | All approved amounts | \$0 | \$0 |
| | 21 st through 100 th day | All but \$209.50 a day | Up to \$209.50 a day | \$0 |
| | 101 st day and after | \$0 | \$0 | All costs |
| Inpatient Psychiatric Care (A Wisconsin Mandated Benefit) | In a participating psychiatric hospital | 190 days per lifetime | 175 days per lifetime | All charges beyond 365 days |
| Blood | First 3 pints | \$0 | First 3 pints | \$0 |
| | Additional amounts | 100% | \$0 | \$0 |
| Hospice Care | | All but very limited co-payment or co-insurance for outpatient drugs and inpatient respite care | Medicare co-payment or co-insurance | \$0 |

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Notes

- ¹ A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.
- ² These are optional riders. You may purchase these riders for an additional premium.
- ³ NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy’s “Core Benefits.”
- ⁴ This Optional Rider pays 50% of the Medicare Part A deductible.

Outline of Medicare Supplement Insurance Basic Medicare Supplement Plan with Co-payments

Medicare Part B: Medical Services per Calendar Year

| Service | Each Calendar Year | Medicare Pays | Plan Pays | You Pay |
|---|---|---|--|--|
| Medical Expenses Eligible expense for physician's services, inpatient and outpatient medical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment. | First \$257 of Medicare-approved amounts ⁵ | \$0 | \$0 | \$257 |
| | Remainder of Medicare-approved amounts | Generally 80% | Generally 20%, other than up to \$20 per office visit and up to \$50 per emergency room visit. The co-payment of up to \$50 is waived if you are admitted to any hospital and the emergency visit is covered as a Medicare Part A expense. | Up to \$20 per office visit and up to \$50 per emergency room visit. The co-payment of up to \$50 is waived if you are admitted to any hospital and the emergency visit is covered as a Medicare Part A expense. |
| | Part B excess charges – above Medicare-approved amounts | \$0 | \$0 or <input type="checkbox"/> Optional Medicare Part B Excess Charge Rider 1 (OW) ⁷ or Rider 2 (PW) ⁷ | Part B excess Charges or \$0 |
| Blood | First 3 pints | \$0 | All costs | \$0 |
| | Next \$257 of Medicare-approved amounts ⁵ | \$0 | \$0 | \$257 |
| | Remainder of Medicare-approved amounts | 80% | 20% | \$0 |
| Clinical Laboratory Services Tests For Diagnostic Services | | 100% | \$0 | \$0 |
| Home Health Care | | 100% of charges for visits considered medically necessary by Medicare | 40 visits or <input type="checkbox"/> Optional Additional Home Health Care Rider 4 (SW) ⁷ | All charges beyond 40 visits per calendar year or All charges beyond 365 visits per calendar year |

Notes

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⁵ Once you have been billed \$257 of Medicare-approved amounts for covered services, your Medicare Part B Deductible will have been met for the calendar year.

⁷ These are optional riders. You may purchase these riders for an additional premium.

Outline of Medicare Supplement Insurance Basic Medicare Supplement Plan with Co-payments

Other Benefits not covered by Medicare

| Service | Each Calendar Year | Medicare Pays | Plan Pays | You Pay |
|---|--------------------------------|---------------|---|--|
| Foreign Travel Emergency Rider 1 (OW)⁷ or Rider 2 (PW)⁷ | First \$250 each calendar year | \$0 | \$0 | \$250 |
| NOT COVERED BY MEDICARE - Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA. | Remainder of charges | \$0 | 80% to a lifetime maximum benefit of \$50,000 | 20% and amounts over \$50,000 lifetime maximum |
| Preventive Medical Care Benefit - Some annual physical and preventive tests and services, administered or ordered by your doctor when not covered by Medicare. | First \$120 each calendar year | \$0 | \$120 | \$0 |
| | Additional Charges | \$0 | \$0 | All costs |

Notes

⁷ These are optional riders. You may purchase these riders for an additional premium.

Outline of Medicare Supplement Insurance Wisconsin Mandated Benefits – When Not Covered By Medicare

These Wisconsin Mandated Benefits apply to the Basic Medicare Supplement Plan and the Basic Medicare Supplement Plan with Co-payments.
Benefits will be paid only when the service is not covered by Medicare.

| Service | | Medicare Pays | Plan Pays | You Pay |
|---|--|---------------|---|--|
| Alcoholism, Nervous Disorders, and Drug Abuse Treatment Subject to a total maximum benefit of \$7,000 in a calendar year | Inpatient Hospital and Physician Services | 0% | 90% of the actual charge up to the usual and prevailing charge, subject to a \$7,000 maximum benefit in a calendar year | 10%, plus amounts in excess of the usual and prevailing charge, and all amounts above \$7,000 in a calendar year |
| | Non-Residential Outpatient Services | 0% | 90% of the actual charge up to the usual and prevailing charge, subject to a \$2,000 maximum benefit in a calendar year | 10%, plus amounts in excess of the usual and prevailing charge, and all amounts above \$2,000 in a calendar year |
| | Transitional Treatment Services | 0% | 90% of the actual charge up to the usual and prevailing charge, subject to a \$3,000 maximum benefit in a calendar year | 10%, plus amounts in excess of the usual and prevailing charge, and all amounts above \$3,000 in a calendar year |
| Breast Reconstruction | | 0% | 100% of the usual and prevailing charge | Charges in excess of the usual and prevailing charge |
| Cancer Clinical Trials | Routine patient care that is administered in a cancer clinical trial | 0% | 100% of the usual and prevailing charge | Charges in excess of the usual and prevailing charge |

Outline of Medicare Supplement Insurance Wisconsin Mandated Benefits – When Not Covered By Medicare

These Wisconsin Mandated Benefits apply to the Basic Medicare Supplement Plan and the Basic Medicare Supplement Plan with Co-payments.
Benefits will be paid only when the service is not covered by Medicare.

| Service | | Medicare Pays | Plan Pays | You Pay |
|---|---|---------------|---|--|
| Chiropractic Services | | 0% | 100% of the usual and prevailing charge | Charges in excess of the usual and prevailing charge |
| Diabetic Equipment and Supplies | Does not include outpatient prescription drugs | 0% | 100% of the usual and prevailing charge | Charges in excess of the usual and prevailing charge |
| Hospital, Ambulatory Surgical Center and Anesthetics for Dental Care | | 0% | 100% of the usual and prevailing charge | Charges in excess of the usual and prevailing charge |
| Kidney Disease Treatment | | 0% | 100% of the usual and prevailing charge, subject to a maximum benefit amount of \$30,000 in a calendar year | Charges in excess of the usual and prevailing charge and all charges above \$30,000 in a calendar year |
| Skilled Nursing Care Stays | | 0% | Daily rate established by the Department of Health and Social Services for up to 30 days per admission | Charges above the established daily rate and all charges beyond 30 days per admission |
| Colorectal Cancer Screening | Fecal occult blood test, Flexible Sigmoidoscopy and Colonoscopy | 0% | 100% of the usual and prevailing charge | Charges in excess of the usual and prevailing charge |

COVERAGE REQUIREMENTS

- To be eligible to apply, you must be an AARP member or spouse of a member, age 50 or over, covered by both Parts A and B of original Medicare, and not duplicating any Medicare supplement coverage.
- For Medicare Eligible Expenses: hospital stays, skilled nursing facility stays, and other care received must be approved for payment by Medicare. For Non-Medicare Eligible Expenses: covered stays or care must be medically necessary under applicable standards of medical practices.
- Stays and care must be recommended by a legally qualified physician acting within the scope of his or her license.
- Stays must begin and care must be received while you are insured under this plan.
- Stays must be in a Medicare approved facility, except for 30 days in a state licensed skilled nursing facility.

GUARANTEED ACCEPTANCE

- Your acceptance in any plan for which you are eligible to enroll is guaranteed during your Medicare supplement open enrollment period which lasts for 6 months beginning with the first day of the month in which you are both age 50 or older and enrolled in Medicare Part B. (If you enrolled in Part B before age 65, you have another 6-month open enrollment period when you turn 65.)
- Also, you may have a guaranteed issue right to enroll in a Medicare supplement plan in certain situations. Some examples:
 - you have a specific type of health insurance coverage that changes in some way, such as a loss of the coverage, or
 - you enrolled with a “trial right” to try a Medicare Advantage Plan but change your mind and want to switch back to a Medicare supplement plan during the trial period.

If you received a notice from your employer or prior insurer saying you are eligible for guaranteed issue of a Medicare supplement plan, you may be guaranteed acceptance into one or more AARP Medicare Supplement Plans. **If you have a guaranteed issue right, you must provide a copy of the notice, disenrollment letter or other documentation you received AND your Application Form must be received no more than 63 days after the termination date of your prior coverage or 63 days after notice of a claim denial if you did not receive notice of the plan’s termination. The documentation should include the type of coverage being lost, the termination reason, the termination date and the name of the person(s) who lost or is losing coverage.**

If you have questions about guaranteed issue rights, please see *The Guide to Health Insurance for People with Medicare in Wisconsin*, which can be found at <https://oci.wi.gov/Pages/Consumers/Medicare.aspx>. You may also want to contact the administrator of your prior health insurance plan or our local state department on aging. Or you may want to call UnitedHealthcare at 1-800-523-5800.

RENEWING YOUR COVERAGE AND WHEN YOUR COVERAGE STOPS

Your coverage can never be cancelled because of your age, your health or the number of claims you make. Coverage may be cancelled due to nonpayment of premium or material misrepresentation. If the Group Policy terminates and is not replaced by another group policy providing the same type of coverage, you may convert your coverage to an individual Medicare Supplement policy. Of course, you may cancel your AARP Medicare Supplement Plan any time you wish. All transactions are effective on the first day of the month following UnitedHealthcare's receipt of the request.

Any premium contribution you make after your coverage stops will not continue your coverage in force and will be returned.

USUAL AND PREVAILING CHARGE

The normal charge made by a provider (doctor; nurse, pharmacist) for a service or supply when there is no insurance. This charge cannot be more than the range of charges made in the area for a like service or supply. This charge cannot be greater than any charge limitation established by state law. UnitedHealthcare decides the area and the range. The Usual and Prevailing Charge may not equal the actual charge. This only applies to Wisconsin Mandated Benefits.

LIMITATIONS AND EXCLUSIONS

1. Skilled nursing facility care costs beyond what is covered by Medicare and the state-required 30 days skilled nursing facility benefit.
2. Home health care visits beyond the 40 visits per calendar year in addition to what Medicare pays (or, Home health care visits beyond 365 visits, less any visits paid by Medicare, per calendar year, with the purchase of the Additional Home Health Care Rider 4).
3. Charges above Medicare's approved charge, except for those additional benefits mandated by Wisconsin law.
4. Outpatient prescription drugs.
5. Most care received outside the United States.
6. Dental care (except as required by Wisconsin law), dentures, checkups, routine immunizations, cosmetic surgery, routine foot care, examinations for and the cost of eyeglasses or hearing aids, unless eligible under Medicare.
7. Amounts in excess of the Usual and Prevailing Charge, for benefits mandated by Wisconsin law.
8. Services deemed not medically necessary under Medicare or not meeting the Medicare program's standards.
9. Care for which you have no legal obligation to pay.
10. Sickness or injury for which you are entitled to benefits under workers' compensation or similar laws.
11. Stay, service, supply or facility provided by a government hospital, unless payment of the charge is required by law.
12. Benefits provided under Medicare or under a Medicare Advantage Plan.

Other exclusions may apply, however, in no event will your plan contain coverage limitations or exclusions for Medicare eligible expenses that are more restrictive than those of Medicare.

PRE-EXISTING CONDITIONS

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

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

Benefits will not be paid for any stay that starts or medical care you receive for a Pre-existing Condition during the first 3 months after your Effective Date.

The following eligible individuals, regardless of age unless otherwise specified, are entitled to waiver of this pre-existing condition limitation:

1. Individuals who are within 63 days of replacing current health insurance coverage, or
2. Individuals whose application form is received prior to or during the 6-month period beginning with the first day of the month in which the individual is age 65 or older and enrolled in Medicare Part B, or
3. Individuals who are entitled to Guaranteed Issue, or
4. Individuals who have been covered under other health insurance coverage within the last 63 days and have enrolled in Medicare Part B within the last 6 months.

CLAIM APPEALS

You have the right to appeal our decision if your claim is denied. Your appeal must be in writing and it must be identified as a claim appeal. You must include the following information with your appeal: your name, your membership number, the reason why you think the claim denial is in error, and any supporting material or information. We will provide a decision within 30 days of receiving your appeal.

GRIEVANCES AND EXTERNAL REVIEW

The following Grievances And External Review provisions apply only to the Wisconsin Mandated Benefits.

Grievance Procedures

If you are not satisfied with the handling of a complaint or a claim appeal, or you are not satisfied for any other reason, you have the right to submit a formal Grievance. A Grievance is any dissatisfaction with the provision of services, claims practices, or administration of your plan by us. It must be expressed in writing by you, or on your behalf. Your Grievance must be submitted in writing, and must contain the words "This is a grievance." This will make sure we understand the purpose of your communication.

You must clearly state the nature of your Grievance. You must include the following information: your name, your membership number, an explanation of your Grievance, any supporting material or information.

Send it to us at this address: UnitedHealthcare, PO BOX 740807, Atlanta, GA 30374-0807.

We will acknowledge your Grievance within 5 business days of receiving it.

Your Grievance will be investigated promptly by a grievance panel. You may submit written questions to the person responsible for making the decision that resulted in the Grievance. You may also appear in person before the grievance panel to present written or oral information. We will provide written notice to you of the time and place at least 7 days in advance.

We will provide you a written decision within 30 days of receiving the Grievance. If a longer investigation period is required, we will notify you of the reason why, and when a decision may be expected. In such case, we will provide a written decision within 60 days of receiving the Grievance.

An Expedited Grievance is a Grievance where one of these three things is true: (1) The duration of the standard resolution process will result in serious jeopardy to your life or health or the ability for you to regain maximum function; (2) In the opinion of a Physician who has knowledge of your condition, your severe pain cannot be adequately managed without the care or treatment that is the subject of the Grievance; or (3) A Physician who has knowledge of your condition determines that the Grievance should be treated as an Expedited Grievance.

If the Grievance involves a situation that qualifies as an Expedited Grievance, you may file the Expedited Grievance via a telephone call to us. You must provide the pertinent information listed above. We will make a decision on an Expedited Grievance within 72 hours of receiving it.

External Review Procedures

If you disagree with the outcome of your Grievance, you may be eligible to have your Grievance reviewed by an Independent Review Organization ("IRO"). We will send you a list of approved IROs if your Grievance is denied. A copy can also be obtained by contacting the Office of the Commissioner of Insurance.

To qualify for external review, your claim must involve an adverse determination or a determination that a treatment is experimental or investigational. In either case, the treatment must cost more than the minimum amount specified annually by the Wisconsin Commissioner of Insurance in order to qualify for external review.

If you wish to pursue an external review, you or your authorized representative must send a written request to us at this address: UnitedHealthcare, PO BOX 740807, Atlanta, GA 30374-0807.

We must receive your request within four months of the date that your Grievance was decided. When you send your request, you must state which IRO you want to use.

Once your request has been received, we will notify the IRO and the Commissioner of Insurance that you have requested an external review. Within 5 business days, we will send the IRO copies of the information you submitted as part of your Grievance, copies of your certificate, and copies of any other information that was relied upon in making the decision on your Grievance. The IRO will have 5 business days to review this material and request any additional information. We will respond to any requests for additional information within 5 business days or provide an explanation as to why more time is needed. Once the IRO has received all the necessary information, it will have 30 business days to make a decision.

There are special circumstances in which you may be able to skip the Grievance process and proceed directly to external review. These are those circumstances:

1. We agree with you that the matter may proceed directly to the IRO.
2. At the same time you send a request to us for external review, you submit a request to the IRO to bypass the Grievance procedure and the IRO determines that the duration of the standard Grievance process will result in serious jeopardy to your life or health or the ability for you to regain maximum function.

The AARP Insurance Trust

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

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

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

GENERAL INFORMATION

By enrolling, you are agreeing to the release of Medicare claim information to UnitedHealthcare Insurance Company so your AARP Medicare Supplement Plan claims may be processed automatically.

UnitedHealthcare accepts insurance premium payments made by the insured or a relative or legal guardian on behalf of the insured. UnitedHealthcare reserves the right to decline insurance premium payments from third parties other than a relative or legal guardian of the insured.

AARP and its affiliates are not insurers. AARP does not employ or endorse agents, brokers or producers.

You must be an AARP member to enroll in an AARP Medicare Supplement Plan.

The Policy Form No. GRP79171 GPS-1 (G-36000-4) is issued in the District of Columbia to the Trustees of the AARP Insurance Plan.

AARP Medicare Supplement Plans have been developed in line with federal standards. **However, these plans are not connected with, or endorsed by, the U.S. Government or the federal Medicare program.**

This is a solicitation of insurance. An agent may contact you.

These materials describe the AARP Medicare Supplement Plans available in your state, but are not a contract, policy, or insurance certificate. Please read your Certificate of Insurance, upon receipt, for plan benefits, definitions, exclusions, and limitations.

Your Plan and Rate



1 Review plans

You'll find all of the AARP Medicare Supplement Insurance Plans listed on the page titled "Overview of Available Plans" in this section. Please see the Plan Benefit Tables, also in this section, for the coverage details for each plan. Eligibility for certain plans depends on your age and/or your Medicare Part A effective date.

2 Discover your rate with applicable discounts

Your rate for the plan you select will be based on several factors, including your age on the plan effective date, gender, tobacco usage, Medicare Part B effective date, and eligibility for certain discounts.

Enrollment Discount

For Applicants Age 65 and Older:

- Determine your age as of the date you expect your coverage to begin.
- Use the chart below to determine which rate Group applies to you.
- Go to the rate pages (in this section) to locate your rate, based on your gender, non-tobacco or tobacco usage,* and the rate Group that applies to you.

*You are eligible for a non-tobacco rate if you have not smoked tobacco cigarettes or used other tobacco products within the past 12 months. Do not choose the rate for tobacco users if you are eligible for guaranteed acceptance based on the information shown on your Application Form.

| If the time period between your plan effective date and your 65th birthday (or your Medicare Part B effective date – whichever is later) is: | |
|--|-------------|
| Number of years: | You are in: |
| Less than 15 | Group 1 |
| 15 or more | Group 2 |

If you are in Group 1 and under age 86, you may be eligible for the current Standard Rate with the Enrollment Discount. You can find information about the Enrollment Discount and the eligibility requirements on the back of this page. Your answers to the medical questions on the application will also affect your monthly premium as the rate page indicates.

Multi-Insured Discount

You may also take **7%** off the Standard Rate if two or more members are enrolled under the same AARP membership number and each is insured under an eligible AARP-branded supplemental insurance policy insured by UnitedHealthcare Insurance Company.

3 Apply

After you choose a plan and find your specific rate, simply fill out the application and any additional required forms in this booklet and send them in using the enclosed postage-paid reply envelope. Or, you can conveniently apply online with the guidance of your licensed insurance agent. See the *Enrollment Checklist* enclosed in the "Forms" section of this booklet for the list of items to complete and submit with your application.

Understanding the Discounts



Eligibility

You may be eligible for the Enrollment Discount if your age on your plan effective date is:

- 65-79 and you do not have any medical condition that qualifies for the Level 2 Rate.
- 80 to 85 AND your plan effective date is less than 15 years from your Medicare Part B effective date AND you do not have any medical condition that qualifies for the Level 2 Rate.

Note: Medical questions do not apply to you if your plan effective date is within 6 months of your Medicare Part B effective date or you meet a guaranteed issue situation.

You may be eligible for the Multi-Insured Discount if two or more members are enrolled under the same AARP membership number and each is insured under an eligible AARP-branded supplemental insurance policy insured by UnitedHealthcare Insurance Company.

How it works

The Enrollment Discount is applied to the current Standard Rate, which usually changes each year. The discount you receive in your first year of coverage depends on your age on your coverage effective date and decreases 2% each year, after age 67, and 3% each year, after age 73, on the anniversary date of your coverage. Please note that as the discount decreases on your plan's anniversary date, your monthly premium will increase; this may happen at a time other than the Plan's annual rate change. Please keep this in mind when budgeting for your health insurance expenses.

The Multi-Insured Discount is taken off of the Standard Rate.



Example: Meet Jill*

- Plan Effective Date: January 1st
- Jill's age on her Plan Effective Date: 66
- Time since her Medicare Part B enrollment: 1 year
- No medical conditions listed on the application
- Enrolled with another member under the same AARP Membership number and each member is insured under an eligible plan.

*The person and situation shown above are fictitious and for illustrative purposes only.

Jill is eligible for the Enrollment Discount and Multi-Insured Discount

- Age discount will begin: 66
- Starting Enrollment Discount: 51%
- Enrollment Discount will change to 49% on her plan anniversary date of January 1 of the year Jill is age 68
- Multi-Insured Discount off the Standard Rate: 7%

| | Age on Plan Effective Date | Enrollment Discount | Multi-Insured Discount |
|-------------|----------------------------|---------------------|------------------------|
| | 65 | 51% | 7% |
| Jill | 66 | 51% | 7% |
| | 67 | 51% | 7% |
| | 68 | 49% | 7% |
| | 69 | 47% | 7% |
| | 70 | 45% | 7% |
| | 71 | 43% | 7% |
| | 72 | 41% | 7% |
| | 73 | 39% | 7% |
| | 74 | 36% | 7% |
| | 75 | 33% | 7% |
| | 76 | 30% | 7% |
| | 77 | 27% | 7% |
| | 78 | 24% | 7% |
| | 79 | 21% | 7% |
| | 80 | 18% | 7% |
| | 81 | 15% | 7% |
| | 82 | 12% | 7% |
| | 83 | 9% | 7% |
| | 84 | 6% | 7% |
| | 85 | 3% | 7% |
| | 86 | 0% | 7% |

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

You must be an AARP member to enroll in an AARP Medicare Supplement Insurance Plan.

Insured by UnitedHealthcare Insurance Company, Hartford, CT. Policy Form No. GRP 79171 GPS-1 (G-36000-4).

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 agent/producer may contact you.

See the enclosed materials for complete information, including benefits, costs, eligibility requirements, exclusions and limitations.

Cover Page - Rates for Wisconsin Plans and Rates

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

| | Basic Plan (MW) | Basic Plan w/Co-Pay (NW) | Rider 1 (OW) | Rider 2 (PW) | Rider 3 ¹ (QW) | Rider 4 (SW) |
|---|--------------------|--------------------------------|-----------------|-----------------|------------------------------|-----------------|
| Benefits | | | | | | |
| Part A (Hospitalization) co-insurance plus 365 additional hospital days after Medicare benefits end | ✓ | ✓ | | | | |
| Part B (Medical) co-insurance or co-payments | ✓ | Co-pay ² | | | | |
| Blood first 3 pints each year (Medicare pays costs after 3 pints) | ✓ | ✓ | | | | |
| Hospice Care co-insurance | ✓ | ✓ | | | | |
| Skilled Nursing Facility Care co-insurance | ✓ | ✓ | | | | |
| Part A Deductible | | | ✓ | 50% | | |
| Part B Annual Deductible | | | | | ✓ | |
| Part B Excess Charges | | | ✓ | ✓ | | |
| Foreign Travel emergency care | | | ✓ | ✓ | | |
| Home Health Care 40 visits | ✓ | ✓ | | | | |
| Home Health Care 365 visits, less any visits paid by Medicare | | | | | | ✓ |

1 NOTE: Rider 3 is only available with the Basic Plan and only available to applicants eligible for Medicare prior to 1/1/2020.

2 NOTE: Up to \$20 co-pay for office visits and up to \$50 co-pay for ER.

Cover Page - Rates for Wisconsin - Area 1 Female Non-Tobacco Plan Rates

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

| Group 1 | | | Applies to individuals whose plan effective date will be within fifteen years following their 65th birthday or Medicare Part B effective date, if later. | | | | |
|---|------------|-----------------|--|---------------------------|---------------------------|---------------------------|---------------------------|
| Age ¹ | Plan Rates | Basic Plan (MW) | Basic Plan w/Co-Pay (NW) | Rider 1 ^A (OW) | Rider 2 ^B (PW) | Rider 3 ^C (QW) | Rider 4 ^D (SW) |
| Standard Rates with Enrollment Discount ² for individuals ages 65-85 whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application. ³ | | | | | | | |
| 65 | monthly | \$154.71 | \$106.08 | \$15.43 | \$7.84 | \$14.45 | \$1.47 |
| 65 | yearly | \$1,856.52 | \$1,272.96 | \$185.16 | \$94.08 | \$173.40 | \$17.64 |
| 66 | monthly | \$154.71 | \$106.08 | \$15.43 | \$7.84 | \$14.45 | \$1.47 |
| 66 | yearly | \$1,856.52 | \$1,272.96 | \$185.16 | \$94.08 | \$173.40 | \$17.64 |
| 67 | monthly | \$154.71 | \$106.08 | \$15.43 | \$7.84 | \$14.45 | \$1.47 |
| 67 | yearly | \$1,856.52 | \$1,272.96 | \$185.16 | \$94.08 | \$173.40 | \$17.64 |
| 68 | monthly | \$161.03 | \$110.41 | \$16.06 | \$8.16 | \$15.04 | \$1.53 |
| 68 | yearly | \$1,932.36 | \$1,324.92 | \$192.72 | \$97.92 | \$180.48 | \$18.36 |
| 69 | monthly | \$167.34 | \$114.74 | \$16.69 | \$8.48 | \$15.63 | \$1.59 |
| 69 | yearly | \$2,008.08 | \$1,376.88 | \$200.28 | \$101.76 | \$187.56 | \$19.08 |
| 70 | monthly | \$173.66 | \$119.07 | \$17.32 | \$8.80 | \$16.22 | \$1.65 |
| 70 | yearly | \$2,083.92 | \$1,428.84 | \$207.84 | \$105.60 | \$194.64 | \$19.80 |
| 71 | monthly | \$179.97 | \$123.40 | \$17.95 | \$9.12 | \$16.81 | \$1.71 |
| 71 | yearly | \$2,159.64 | \$1,480.80 | \$215.40 | \$109.44 | \$201.72 | \$20.52 |
| 72 | monthly | \$186.29 | \$127.73 | \$18.58 | \$9.44 | \$17.40 | \$1.77 |
| 72 | yearly | \$2,235.48 | \$1,532.76 | \$222.96 | \$113.28 | \$208.80 | \$21.24 |
| 73 | monthly | \$192.60 | \$132.06 | \$19.21 | \$9.76 | \$17.99 | \$1.83 |
| 73 | yearly | \$2,311.20 | \$1,584.72 | \$230.52 | \$117.12 | \$215.88 | \$21.96 |
| 74 | monthly | \$202.08 | \$138.56 | \$20.16 | \$10.24 | \$18.88 | \$1.92 |
| 74 | yearly | \$2,424.96 | \$1,662.72 | \$241.92 | \$122.88 | \$226.56 | \$23.04 |
| 75 | monthly | \$211.55 | \$145.05 | \$21.10 | \$10.72 | \$19.76 | \$2.01 |
| 75 | yearly | \$2,538.60 | \$1,740.60 | \$253.20 | \$128.64 | \$237.12 | \$24.12 |
| 76 | monthly | \$221.02 | \$151.55 | \$22.05 | \$11.20 | \$20.65 | \$2.10 |
| 76 | yearly | \$2,652.24 | \$1,818.60 | \$264.60 | \$134.40 | \$247.80 | \$25.20 |
| 77 | monthly | \$230.49 | \$158.04 | \$22.99 | \$11.68 | \$21.53 | \$2.19 |
| 77 | yearly | \$2,765.88 | \$1,896.48 | \$275.88 | \$140.16 | \$258.36 | \$26.28 |
| 78 | monthly | \$239.97 | \$164.54 | \$23.94 | \$12.16 | \$22.42 | \$2.28 |
| 78 | yearly | \$2,879.64 | \$1,974.48 | \$287.28 | \$145.92 | \$269.04 | \$27.36 |
| 79 | monthly | \$249.44 | \$171.03 | \$24.88 | \$12.64 | \$23.30 | \$2.37 |
| 79 | yearly | \$2,993.28 | \$2,052.36 | \$298.56 | \$151.68 | \$279.60 | \$28.44 |
| 80 | monthly | \$258.91 | \$177.53 | \$25.83 | \$13.12 | \$24.19 | \$2.46 |
| 80 | yearly | \$3,106.92 | \$2,130.36 | \$309.96 | \$157.44 | \$290.28 | \$29.52 |
| 81 | monthly | \$268.38 | \$184.02 | \$26.77 | \$13.60 | \$25.07 | \$2.55 |
| 81 | yearly | \$3,220.56 | \$2,208.24 | \$321.24 | \$163.20 | \$300.84 | \$30.60 |

The rates above are for plan effective dates from June 2024 - May 2025 and may change.

Cover Page - Rates for Wisconsin - Area 1 Female Non-Tobacco Plan Rates

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

| Group 1 | | | Applies to individuals whose plan effective date will be within fifteen years following their 65th birthday or Medicare Part B effective date, if later. | | | | |
|---|------------|-----------------|--|---------------------------|---------------------------|---------------------------|---------------------------|
| Age ¹ | Plan Rates | Basic Plan (MW) | Basic Plan w/Co-Pay (NW) | Rider 1 ^A (OW) | Rider 2 ^B (PW) | Rider 3 ^C (QW) | Rider 4 ^D (SW) |
| Standard Rates with Enrollment Discount² for individuals ages 65-85 whose acceptance is guaranteed or who do not have any of the medical conditions on the application.³ | | | | | | | |
| 82 | monthly | \$277.86 | \$190.52 | \$27.72 | \$14.08 | \$25.96 | \$2.64 |
| 82 | yearly | \$3,334.32 | \$2,286.24 | \$332.64 | \$168.96 | \$311.52 | \$31.68 |
| 83 | monthly | \$287.33 | \$197.01 | \$28.66 | \$14.56 | \$26.84 | \$2.73 |
| 83 | yearly | \$3,447.96 | \$2,364.12 | \$343.92 | \$174.72 | \$322.08 | \$32.76 |
| 84 | monthly | \$296.80 | \$203.51 | \$29.61 | \$15.04 | \$27.73 | \$2.82 |
| 84 | yearly | \$3,561.60 | \$2,442.12 | \$355.32 | \$180.48 | \$332.76 | \$33.84 |
| 85 | monthly | \$306.27 | \$210.00 | \$30.55 | \$15.52 | \$28.61 | \$2.91 |
| 85 | yearly | \$3,675.24 | \$2,520.00 | \$366.60 | \$186.24 | \$343.32 | \$34.92 |
| Standard Rates for ages 86 and older whose acceptance is guaranteed or who do not have any of the medical conditions on the application.³ | | | | | | | |
| 86+ | monthly | \$315.75 | \$216.50 | \$31.50 | \$16.00 | \$29.50 | \$3.00 |
| 86+ | yearly | \$3,789.00 | \$2,598.00 | \$378.00 | \$192.00 | \$354.00 | \$36.00 |
| Level 2 Rates for individuals ages 65 and older whose acceptance is not guaranteed and who have one or more of the medical conditions on the application.³ | | | | | | | |
| 65+ | monthly | \$473.62 | \$389.70 | \$47.25 | \$24.00 | \$44.25 | \$4.50 |
| 65+ | yearly | \$5,683.44 | \$4,676.40 | \$567.00 | \$288.00 | \$531.00 | \$54.00 |

| Group 2 | | | Applies to individuals whose plan effective date will be fifteen or more years following their 65th birthday or Medicare Part B effective date, if later. | | | | |
|--|------------|-----------------|---|---------------------------|---------------------------|---------------------------|---------------------------|
| Age ¹ | Plan Rates | Basic Plan (MW) | Basic Plan w/Co-Pay (NW) | Rider 1 ^A (OW) | Rider 2 ^B (PW) | Rider 3 ^C (QW) | Rider 4 ^D (SW) |
| Level 1 Rates for individuals ages 80 and older whose acceptance is guaranteed or who do not have any of the medical conditions on the application.³ | | | | | | | |
| 80+ | monthly | \$347.32 | \$238.15 | \$34.65 | \$17.60 | \$32.45 | \$3.30 |
| 80+ | yearly | \$4,167.84 | \$2,857.80 | \$415.80 | \$211.20 | \$389.40 | \$39.60 |
| Level 2 Rates for individuals ages 80 and older whose acceptance is not guaranteed and who have one or more of the medical conditions on the application.³ | | | | | | | |
| 80+ | monthly | \$473.62 | \$389.70 | \$47.25 | \$24.00 | \$44.25 | \$4.50 |
| 80+ | yearly | \$5,683.44 | \$4,676.40 | \$567.00 | \$288.00 | \$531.00 | \$54.00 |

The rates above are for plan effective dates from June 2024 - May 2025 and may change.

Cover Page - Rates for Wisconsin - Area 1 Female Tobacco Plan Rates

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

| Group 1 | | Applies to individuals whose plan effective date will be within fifteen years following their 65th birthday or Medicare Part B effective date, if later. | | | | | |
|--|------------|--|--------------------------|---------------------------|---------------------------|---------------------------|---------------------------|
| Age ¹ | Plan Rates | Basic Plan (MW) | Basic Plan w/Co-Pay (NW) | Rider 1 ^A (OW) | Rider 2 ^B (PW) | Rider 3 ^C (QW) | Rider 4 ^D (SW) |
| Standard Rates with Enrollment Discount² for individuals ages 65-85 whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application.³ | | | | | | | |
| 65 | monthly | \$170.18 | \$116.69 | \$16.97 | \$8.62 | \$15.90 | \$1.61 |
| 65 | yearly | \$2,042.16 | \$1,400.28 | \$203.64 | \$103.44 | \$190.80 | \$19.32 |
| 66 | monthly | \$170.18 | \$116.69 | \$16.97 | \$8.62 | \$15.90 | \$1.61 |
| 66 | yearly | \$2,042.16 | \$1,400.28 | \$203.64 | \$103.44 | \$190.80 | \$19.32 |
| 67 | monthly | \$170.18 | \$116.69 | \$16.97 | \$8.62 | \$15.90 | \$1.61 |
| 67 | yearly | \$2,042.16 | \$1,400.28 | \$203.64 | \$103.44 | \$190.80 | \$19.32 |
| 68 | monthly | \$177.13 | \$121.45 | \$17.67 | \$8.97 | \$16.54 | \$1.68 |
| 68 | yearly | \$2,125.56 | \$1,457.40 | \$212.04 | \$107.64 | \$198.48 | \$20.16 |
| 69 | monthly | \$184.07 | \$126.21 | \$18.36 | \$9.32 | \$17.19 | \$1.74 |
| 69 | yearly | \$2,208.84 | \$1,514.52 | \$220.32 | \$111.84 | \$206.28 | \$20.88 |
| 70 | monthly | \$191.02 | \$130.98 | \$19.05 | \$9.68 | \$17.84 | \$1.81 |
| 70 | yearly | \$2,292.24 | \$1,571.76 | \$228.60 | \$116.16 | \$214.08 | \$21.72 |
| 71 | monthly | \$197.97 | \$135.74 | \$19.75 | \$10.03 | \$18.49 | \$1.88 |
| 71 | yearly | \$2,375.64 | \$1,628.88 | \$237.00 | \$120.36 | \$221.88 | \$22.56 |
| 72 | monthly | \$204.91 | \$140.50 | \$20.44 | \$10.38 | \$19.14 | \$1.94 |
| 72 | yearly | \$2,458.92 | \$1,686.00 | \$245.28 | \$124.56 | \$229.68 | \$23.28 |
| 73 | monthly | \$211.86 | \$145.27 | \$21.13 | \$10.73 | \$19.79 | \$2.01 |
| 73 | yearly | \$2,542.32 | \$1,743.24 | \$253.56 | \$128.76 | \$237.48 | \$24.12 |
| 74 | monthly | \$222.28 | \$152.41 | \$22.17 | \$11.26 | \$20.76 | \$2.11 |
| 74 | yearly | \$2,667.36 | \$1,828.92 | \$266.04 | \$135.12 | \$249.12 | \$25.32 |
| 75 | monthly | \$232.70 | \$159.56 | \$23.21 | \$11.79 | \$21.74 | \$2.21 |
| 75 | yearly | \$2,792.40 | \$1,914.72 | \$278.52 | \$141.48 | \$260.88 | \$26.52 |
| 76 | monthly | \$243.12 | \$166.70 | \$24.25 | \$12.32 | \$22.71 | \$2.31 |
| 76 | yearly | \$2,917.44 | \$2,000.40 | \$291.00 | \$147.84 | \$272.52 | \$27.72 |
| 77 | monthly | \$253.54 | \$173.84 | \$25.29 | \$12.84 | \$23.68 | \$2.40 |
| 77 | yearly | \$3,042.48 | \$2,086.08 | \$303.48 | \$154.08 | \$284.16 | \$28.80 |
| 78 | monthly | \$263.96 | \$180.99 | \$26.33 | \$13.37 | \$24.66 | \$2.50 |
| 78 | yearly | \$3,167.52 | \$2,171.88 | \$315.96 | \$160.44 | \$295.92 | \$30.00 |
| 79 | monthly | \$274.38 | \$188.13 | \$27.37 | \$13.90 | \$25.63 | \$2.60 |
| 79 | yearly | \$3,292.56 | \$2,257.56 | \$328.44 | \$166.80 | \$307.56 | \$31.20 |
| 80 | monthly | \$284.80 | \$195.28 | \$28.41 | \$14.43 | \$26.60 | \$2.70 |
| 80 | yearly | \$3,417.60 | \$2,343.36 | \$340.92 | \$173.16 | \$319.20 | \$32.40 |
| 81 | monthly | \$295.22 | \$202.42 | \$29.45 | \$14.96 | \$27.58 | \$2.80 |
| 81 | yearly | \$3,542.64 | \$2,429.04 | \$353.40 | \$179.52 | \$330.96 | \$33.60 |

The rates above are for plan effective dates from June 2024 - May 2025 and may change.

Cover Page - Rates for Wisconsin - Area 1 Female Tobacco Plan Rates

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

| Group 1 | | | Applies to individuals whose plan effective date will be within fifteen years following their 65th birthday or Medicare Part B effective date, if later. | | | | |
|---|------------|-----------------|--|---------------------------|---------------------------|---------------------------|---------------------------|
| Age ¹ | Plan Rates | Basic Plan (MW) | Basic Plan w/Co-Pay (NW) | Rider 1 ^A (OW) | Rider 2 ^B (PW) | Rider 3 ^C (QW) | Rider 4 ^D (SW) |
| Standard Rates with Enrollment Discount² for individuals ages 65-85 whose acceptance is guaranteed or who do not have any of the medical conditions on the application.³ | | | | | | | |
| 82 | monthly | \$305.64 | \$209.57 | \$30.49 | \$15.48 | \$28.55 | \$2.90 |
| 82 | yearly | \$3,667.68 | \$2,514.84 | \$365.88 | \$185.76 | \$342.60 | \$34.80 |
| 83 | monthly | \$316.06 | \$216.71 | \$31.53 | \$16.01 | \$29.52 | \$3.00 |
| 83 | yearly | \$3,792.72 | \$2,600.52 | \$378.36 | \$192.12 | \$354.24 | \$36.00 |
| 84 | monthly | \$326.48 | \$223.86 | \$32.57 | \$16.54 | \$30.50 | \$3.10 |
| 84 | yearly | \$3,917.76 | \$2,686.32 | \$390.84 | \$198.48 | \$366.00 | \$37.20 |
| 85 | monthly | \$336.90 | \$231.00 | \$33.61 | \$17.07 | \$31.47 | \$3.20 |
| 85 | yearly | \$4,042.80 | \$2,772.00 | \$403.32 | \$204.84 | \$377.64 | \$38.40 |
| Standard Rates for ages 86 and older whose acceptance is guaranteed or who do not have any of the medical conditions on the application.³ | | | | | | | |
| 86+ | monthly | \$347.32 | \$238.15 | \$34.65 | \$17.60 | \$32.45 | \$3.30 |
| 86+ | yearly | \$4,167.84 | \$2,857.80 | \$415.80 | \$211.20 | \$389.40 | \$39.60 |
| Level 2 Rates for individuals ages 65 and older whose acceptance is not guaranteed and who have one or more of the medical conditions on the application.³ | | | | | | | |
| 65+ | monthly | \$520.98 | \$428.67 | \$51.97 | \$26.40 | \$48.67 | \$4.95 |
| 65+ | yearly | \$6,251.76 | \$5,144.04 | \$623.64 | \$316.80 | \$584.04 | \$59.40 |

| Group 2 | | | Applies to individuals whose plan effective date will be fifteen or more years following their 65th birthday or Medicare Part B effective date, if later. | | | | |
|--|------------|-----------------|---|---------------------------|---------------------------|---------------------------|---------------------------|
| Age ¹ | Plan Rates | Basic Plan (MW) | Basic Plan w/Co-Pay (NW) | Rider 1 ^A (OW) | Rider 2 ^B (PW) | Rider 3 ^C (QW) | Rider 4 ^D (SW) |
| Level 1 Rates for individuals ages 80 and older whose acceptance is guaranteed or who do not have any of the medical conditions on the application.³ | | | | | | | |
| 80+ | monthly | \$382.05 | \$261.96 | \$38.11 | \$19.36 | \$35.69 | \$3.63 |
| 80+ | yearly | \$4,584.60 | \$3,143.52 | \$457.32 | \$232.32 | \$428.28 | \$43.56 |
| Level 2 Rates for individuals ages 80 and older whose acceptance is not guaranteed and who have one or more of the medical conditions on the application.³ | | | | | | | |
| 80+ | monthly | \$520.98 | \$428.67 | \$51.97 | \$26.40 | \$48.67 | \$4.95 |
| 80+ | yearly | \$6,251.76 | \$5,144.04 | \$623.64 | \$316.80 | \$584.04 | \$59.40 |

The rates above are for plan effective dates from June 2024 - May 2025 and may change.

Cover Page - Rates for Wisconsin - Area 1 Male Non-Tobacco Plan Rates

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

| Group 1 | | | Applies to individuals whose plan effective date will be within fifteen years following their 65th birthday or Medicare Part B effective date, if later. | | | | |
|---|------------|-----------------|--|---------------------------|---------------------------|---------------------------|---------------------------|
| Age ¹ | Plan Rates | Basic Plan (MW) | Basic Plan w/Co-Pay (NW) | Rider 1 ^A (OW) | Rider 2 ^B (PW) | Rider 3 ^C (QW) | Rider 4 ^D (SW) |
| Standard Rates with Enrollment Discount ² for individuals ages 65-85 whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application. ³ | | | | | | | |
| 65 | monthly | \$174.56 | \$119.56 | \$17.39 | \$8.82 | \$16.41 | \$1.71 |
| 65 | yearly | \$2,094.72 | \$1,434.72 | \$208.68 | \$105.84 | \$196.92 | \$20.52 |
| 66 | monthly | \$174.56 | \$119.56 | \$17.39 | \$8.82 | \$16.41 | \$1.71 |
| 66 | yearly | \$2,094.72 | \$1,434.72 | \$208.68 | \$105.84 | \$196.92 | \$20.52 |
| 67 | monthly | \$174.56 | \$119.56 | \$17.39 | \$8.82 | \$16.41 | \$1.71 |
| 67 | yearly | \$2,094.72 | \$1,434.72 | \$208.68 | \$105.84 | \$196.92 | \$20.52 |
| 68 | monthly | \$181.68 | \$124.44 | \$18.10 | \$9.18 | \$17.08 | \$1.78 |
| 68 | yearly | \$2,180.16 | \$1,493.28 | \$217.20 | \$110.16 | \$204.96 | \$21.36 |
| 69 | monthly | \$188.81 | \$129.32 | \$18.81 | \$9.54 | \$17.75 | \$1.85 |
| 69 | yearly | \$2,265.72 | \$1,551.84 | \$225.72 | \$114.48 | \$213.00 | \$22.20 |
| 70 | monthly | \$195.93 | \$134.20 | \$19.52 | \$9.90 | \$18.42 | \$1.92 |
| 70 | yearly | \$2,351.16 | \$1,610.40 | \$234.24 | \$118.80 | \$221.04 | \$23.04 |
| 71 | monthly | \$203.06 | \$139.08 | \$20.23 | \$10.26 | \$19.09 | \$1.99 |
| 71 | yearly | \$2,436.72 | \$1,668.96 | \$242.76 | \$123.12 | \$229.08 | \$23.88 |
| 72 | monthly | \$210.18 | \$143.96 | \$20.94 | \$10.62 | \$19.76 | \$2.06 |
| 72 | yearly | \$2,522.16 | \$1,727.52 | \$251.28 | \$127.44 | \$237.12 | \$24.72 |
| 73 | monthly | \$217.31 | \$148.84 | \$21.65 | \$10.98 | \$20.43 | \$2.13 |
| 73 | yearly | \$2,607.72 | \$1,786.08 | \$259.80 | \$131.76 | \$245.16 | \$25.56 |
| 74 | monthly | \$228.00 | \$156.16 | \$22.72 | \$11.52 | \$21.44 | \$2.24 |
| 74 | yearly | \$2,736.00 | \$1,873.92 | \$272.64 | \$138.24 | \$257.28 | \$26.88 |
| 75 | monthly | \$238.68 | \$163.48 | \$23.78 | \$12.06 | \$22.44 | \$2.34 |
| 75 | yearly | \$2,864.16 | \$1,961.76 | \$285.36 | \$144.72 | \$269.28 | \$28.08 |
| 76 | monthly | \$249.37 | \$170.80 | \$24.85 | \$12.60 | \$23.45 | \$2.45 |
| 76 | yearly | \$2,992.44 | \$2,049.60 | \$298.20 | \$151.20 | \$281.40 | \$29.40 |
| 77 | monthly | \$260.06 | \$178.12 | \$25.91 | \$13.14 | \$24.45 | \$2.55 |
| 77 | yearly | \$3,120.72 | \$2,137.44 | \$310.92 | \$157.68 | \$293.40 | \$30.60 |
| 78 | monthly | \$270.75 | \$185.44 | \$26.98 | \$13.68 | \$25.46 | \$2.66 |
| 78 | yearly | \$3,249.00 | \$2,225.28 | \$323.76 | \$164.16 | \$305.52 | \$31.92 |
| 79 | monthly | \$281.43 | \$192.76 | \$28.04 | \$14.22 | \$26.46 | \$2.76 |
| 79 | yearly | \$3,377.16 | \$2,313.12 | \$336.48 | \$170.64 | \$317.52 | \$33.12 |
| 80 | monthly | \$292.12 | \$200.08 | \$29.11 | \$14.76 | \$27.47 | \$2.87 |
| 80 | yearly | \$3,505.44 | \$2,400.96 | \$349.32 | \$177.12 | \$329.64 | \$34.44 |
| 81 | monthly | \$302.81 | \$207.40 | \$30.17 | \$15.30 | \$28.47 | \$2.97 |
| 81 | yearly | \$3,633.72 | \$2,488.80 | \$362.04 | \$183.60 | \$341.64 | \$35.64 |

The rates above are for plan effective dates from June 2024 - May 2025 and may change.

Cover Page - Rates for Wisconsin - Area 1 Male Non-Tobacco Plan Rates

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

| Group 1 | | | Applies to individuals whose plan effective date will be within fifteen years following their 65th birthday or Medicare Part B effective date, if later. | | | | |
|---|------------|-----------------|--|---------------------------|---------------------------|---------------------------|---------------------------|
| Age ¹ | Plan Rates | Basic Plan (MW) | Basic Plan w/Co-Pay (NW) | Rider 1 ^A (OW) | Rider 2 ^B (PW) | Rider 3 ^C (QW) | Rider 4 ^D (SW) |
| Standard Rates with Enrollment Discount² for individuals ages 65-85 whose acceptance is guaranteed or who do not have any of the medical conditions on the application.³ | | | | | | | |
| 82 | monthly | \$313.50 | \$214.72 | \$31.24 | \$15.84 | \$29.48 | \$3.08 |
| 82 | yearly | \$3,762.00 | \$2,576.64 | \$374.88 | \$190.08 | \$353.76 | \$36.96 |
| 83 | monthly | \$324.18 | \$222.04 | \$32.30 | \$16.38 | \$30.48 | \$3.18 |
| 83 | yearly | \$3,890.16 | \$2,664.48 | \$387.60 | \$196.56 | \$365.76 | \$38.16 |
| 84 | monthly | \$334.87 | \$229.36 | \$33.37 | \$16.92 | \$31.49 | \$3.29 |
| 84 | yearly | \$4,018.44 | \$2,752.32 | \$400.44 | \$203.04 | \$377.88 | \$39.48 |
| 85 | monthly | \$345.56 | \$236.68 | \$34.43 | \$17.46 | \$32.49 | \$3.39 |
| 85 | yearly | \$4,146.72 | \$2,840.16 | \$413.16 | \$209.52 | \$389.88 | \$40.68 |
| Standard Rates for ages 86 and older whose acceptance is guaranteed or who do not have any of the medical conditions on the application.³ | | | | | | | |
| 86+ | monthly | \$356.25 | \$244.00 | \$35.50 | \$18.00 | \$33.50 | \$3.50 |
| 86+ | yearly | \$4,275.00 | \$2,928.00 | \$426.00 | \$216.00 | \$402.00 | \$42.00 |
| Level 2 Rates for individuals ages 65 and older whose acceptance is not guaranteed and who have one or more of the medical conditions on the application.³ | | | | | | | |
| 65+ | monthly | \$534.37 | \$439.20 | \$53.25 | \$27.00 | \$50.25 | \$5.25 |
| 65+ | yearly | \$6,412.44 | \$5,270.40 | \$639.00 | \$324.00 | \$603.00 | \$63.00 |

| Group 2 | | | Applies to individuals whose plan effective date will be fifteen or more years following their 65th birthday or Medicare Part B effective date, if later. | | | | |
|--|------------|-----------------|---|---------------------------|---------------------------|---------------------------|---------------------------|
| Age ¹ | Plan Rates | Basic Plan (MW) | Basic Plan w/Co-Pay (NW) | Rider 1 ^A (OW) | Rider 2 ^B (PW) | Rider 3 ^C (QW) | Rider 4 ^D (SW) |
| Level 1 Rates for individuals ages 80 and older whose acceptance is guaranteed or who do not have any of the medical conditions on the application.³ | | | | | | | |
| 80+ | monthly | \$391.87 | \$268.40 | \$39.05 | \$19.80 | \$36.85 | \$3.85 |
| 80+ | yearly | \$4,702.44 | \$3,220.80 | \$468.60 | \$237.60 | \$442.20 | \$46.20 |
| Level 2 Rates for individuals ages 80 and older whose acceptance is not guaranteed and who have one or more of the medical conditions on the application.³ | | | | | | | |
| 80+ | monthly | \$534.37 | \$439.20 | \$53.25 | \$27.00 | \$50.25 | \$5.25 |
| 80+ | yearly | \$6,412.44 | \$5,270.40 | \$639.00 | \$324.00 | \$603.00 | \$63.00 |

The rates above are for plan effective dates from June 2024 - May 2025 and may change.

Cover Page - Rates for Wisconsin - Area 1 Male Tobacco Plan Rates

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

| Group 1 | | | Applies to individuals whose plan effective date will be within fifteen years following their 65th birthday or Medicare Part B effective date, if later. | | | | |
|---|------------|-----------------|--|---------------------------|---------------------------|---------------------------|---------------------------|
| Age ¹ | Plan Rates | Basic Plan (MW) | Basic Plan w/Co-Pay (NW) | Rider 1 ^A (OW) | Rider 2 ^B (PW) | Rider 3 ^C (QW) | Rider 4 ^D (SW) |
| Standard Rates with Enrollment Discount ² for individuals ages 65-85 whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application. ³ | | | | | | | |
| 65 | monthly | \$192.01 | \$131.51 | \$19.13 | \$9.70 | \$18.05 | \$1.88 |
| 65 | yearly | \$2,304.12 | \$1,578.12 | \$229.56 | \$116.40 | \$216.60 | \$22.56 |
| 66 | monthly | \$192.01 | \$131.51 | \$19.13 | \$9.70 | \$18.05 | \$1.88 |
| 66 | yearly | \$2,304.12 | \$1,578.12 | \$229.56 | \$116.40 | \$216.60 | \$22.56 |
| 67 | monthly | \$192.01 | \$131.51 | \$19.13 | \$9.70 | \$18.05 | \$1.88 |
| 67 | yearly | \$2,304.12 | \$1,578.12 | \$229.56 | \$116.40 | \$216.60 | \$22.56 |
| 68 | monthly | \$199.85 | \$136.88 | \$19.91 | \$10.09 | \$18.79 | \$1.96 |
| 68 | yearly | \$2,398.20 | \$1,642.56 | \$238.92 | \$121.08 | \$225.48 | \$23.52 |
| 69 | monthly | \$207.69 | \$142.25 | \$20.69 | \$10.49 | \$19.53 | \$2.04 |
| 69 | yearly | \$2,492.28 | \$1,707.00 | \$248.28 | \$125.88 | \$234.36 | \$24.48 |
| 70 | monthly | \$215.52 | \$147.62 | \$21.47 | \$10.89 | \$20.26 | \$2.11 |
| 70 | yearly | \$2,586.24 | \$1,771.44 | \$257.64 | \$130.68 | \$243.12 | \$25.32 |
| 71 | monthly | \$223.36 | \$152.98 | \$22.25 | \$11.28 | \$21.00 | \$2.19 |
| 71 | yearly | \$2,680.32 | \$1,835.76 | \$267.00 | \$135.36 | \$252.00 | \$26.28 |
| 72 | monthly | \$231.20 | \$158.35 | \$23.03 | \$11.68 | \$21.74 | \$2.27 |
| 72 | yearly | \$2,774.40 | \$1,900.20 | \$276.36 | \$140.16 | \$260.88 | \$27.24 |
| 73 | monthly | \$239.04 | \$163.72 | \$23.82 | \$12.07 | \$22.47 | \$2.34 |
| 73 | yearly | \$2,868.48 | \$1,964.64 | \$285.84 | \$144.84 | \$269.64 | \$28.08 |
| 74 | monthly | \$250.79 | \$171.77 | \$24.99 | \$12.67 | \$23.58 | \$2.46 |
| 74 | yearly | \$3,009.48 | \$2,061.24 | \$299.88 | \$152.04 | \$282.96 | \$29.52 |
| 75 | monthly | \$262.55 | \$179.82 | \$26.16 | \$13.26 | \$24.68 | \$2.57 |
| 75 | yearly | \$3,150.60 | \$2,157.84 | \$313.92 | \$159.12 | \$296.16 | \$30.84 |
| 76 | monthly | \$274.30 | \$187.88 | \$27.33 | \$13.86 | \$25.79 | \$2.69 |
| 76 | yearly | \$3,291.60 | \$2,254.56 | \$327.96 | \$166.32 | \$309.48 | \$32.28 |
| 77 | monthly | \$286.06 | \$195.93 | \$28.50 | \$14.45 | \$26.90 | \$2.81 |
| 77 | yearly | \$3,432.72 | \$2,351.16 | \$342.00 | \$173.40 | \$322.80 | \$33.72 |
| 78 | monthly | \$297.82 | \$203.98 | \$29.67 | \$15.04 | \$28.00 | \$2.92 |
| 78 | yearly | \$3,573.84 | \$2,447.76 | \$356.04 | \$180.48 | \$336.00 | \$35.04 |
| 79 | monthly | \$309.57 | \$212.03 | \$30.84 | \$15.64 | \$29.11 | \$3.04 |
| 79 | yearly | \$3,714.84 | \$2,544.36 | \$370.08 | \$187.68 | \$349.32 | \$36.48 |
| 80 | monthly | \$321.33 | \$220.08 | \$32.02 | \$16.23 | \$30.21 | \$3.15 |
| 80 | yearly | \$3,855.96 | \$2,640.96 | \$384.24 | \$194.76 | \$362.52 | \$37.80 |
| 81 | monthly | \$333.08 | \$228.14 | \$33.19 | \$16.83 | \$31.32 | \$3.27 |
| 81 | yearly | \$3,996.96 | \$2,737.68 | \$398.28 | \$201.96 | \$375.84 | \$39.24 |

The rates above are for plan effective dates from June 2024 - May 2025 and may change.

Cover Page - Rates for Wisconsin - Area 1 Male Tobacco Plan Rates

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

| Group 1 | | | Applies to individuals whose plan effective date will be within fifteen years following their 65th birthday or Medicare Part B effective date, if later. | | | | |
|---|------------|-----------------|--|---------------------------|---------------------------|---------------------------|---------------------------|
| Age ¹ | Plan Rates | Basic Plan (MW) | Basic Plan w/Co-Pay (NW) | Rider 1 ^A (OW) | Rider 2 ^B (PW) | Rider 3 ^C (QW) | Rider 4 ^D (SW) |
| Standard Rates with Enrollment Discount ² for individuals ages 65-85 whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application. ³ | | | | | | | |
| 82 | monthly | \$344.84 | \$236.19 | \$34.36 | \$17.42 | \$32.42 | \$3.38 |
| 82 | yearly | \$4,138.08 | \$2,834.28 | \$412.32 | \$209.04 | \$389.04 | \$40.56 |
| 83 | monthly | \$356.60 | \$244.24 | \$35.53 | \$18.01 | \$33.53 | \$3.50 |
| 83 | yearly | \$4,279.20 | \$2,930.88 | \$426.36 | \$216.12 | \$402.36 | \$42.00 |
| 84 | monthly | \$368.35 | \$252.29 | \$36.70 | \$18.61 | \$34.63 | \$3.61 |
| 84 | yearly | \$4,420.20 | \$3,027.48 | \$440.40 | \$223.32 | \$415.56 | \$43.32 |
| 85 | monthly | \$380.11 | \$260.34 | \$37.87 | \$19.20 | \$35.74 | \$3.73 |
| 85 | yearly | \$4,561.32 | \$3,124.08 | \$454.44 | \$230.40 | \$428.88 | \$44.76 |
| Standard Rates for ages 86 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application. ³ | | | | | | | |
| 86+ | monthly | \$391.87 | \$268.40 | \$39.05 | \$19.80 | \$36.85 | \$3.85 |
| 86+ | yearly | \$4,702.44 | \$3,220.80 | \$468.60 | \$237.60 | \$442.20 | \$46.20 |
| Level 2 Rates for individuals ages 65 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application. ³ | | | | | | | |
| 65+ | monthly | \$587.80 | \$483.12 | \$58.57 | \$29.70 | \$55.27 | \$5.77 |
| 65+ | yearly | \$7,053.60 | \$5,797.44 | \$702.84 | \$356.40 | \$663.24 | \$69.24 |

| Group 2 | | | Applies to individuals whose plan effective date will be fifteen or more years following their 65th birthday or Medicare Part B effective date, if later. | | | | |
|---|------------|-----------------|---|---------------------------|---------------------------|---------------------------|---------------------------|
| Age ¹ | Plan Rates | Basic Plan (MW) | Basic Plan w/Co-Pay (NW) | Rider 1 ^A (OW) | Rider 2 ^B (PW) | Rider 3 ^C (QW) | Rider 4 ^D (SW) |
| Level 1 Rates for individuals ages 80 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application. ³ | | | | | | | |
| 80+ | monthly | \$431.05 | \$295.24 | \$42.95 | \$21.78 | \$40.53 | \$4.23 |
| 80+ | yearly | \$5,172.60 | \$3,542.88 | \$515.40 | \$261.36 | \$486.36 | \$50.76 |
| Level 2 Rates for individuals ages 80 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application. ³ | | | | | | | |
| 80+ | monthly | \$587.80 | \$483.12 | \$58.57 | \$29.70 | \$55.27 | \$5.77 |
| 80+ | yearly | \$7,053.60 | \$5,797.44 | \$702.84 | \$356.40 | \$663.24 | \$69.24 |

The rates above are for plan effective dates from June 2024 - May 2025 and may change.

Cover Page - Rates for Wisconsin - Area 1 Under 65 Plan Rates

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

| Group 3 | | | Applies to individuals age 50-64 who are eligible for Medicare. | | | | |
|---------------------------------|------------|-----------------|---|---------------------------|---------------------------|---------------------------|---------------------------|
| Age ¹ | Plan Rates | Basic Plan (MW) | Basic Plan w/Co-Pay (NW) | Rider 1 ^A (OW) | Rider 2 ^B (PW) | Rider 3 ^C (QW) | Rider 4 ^D (SW) |
| Female Non-Tobacco Rates | | | | | | | |
| 50-64 | monthly | \$789.50 | \$541.25 | \$78.75 | \$40.00 | \$73.75 | \$7.50 |
| 50-64 | yearly | \$9,474.00 | \$6,495.00 | \$945.00 | \$480.00 | \$885.00 | \$90.00 |
| Female Tobacco Rates | | | | | | | |
| 50-64 | monthly | \$868.45 | \$595.37 | \$86.62 | \$44.00 | \$81.12 | \$8.25 |
| 50-64 | yearly | \$10,421.40 | \$7,144.44 | \$1,039.44 | \$528.00 | \$973.44 | \$99.00 |
| Male Non-Tobacco Rates | | | | | | | |
| 50-64 | monthly | \$890.75 | \$610.00 | \$88.75 | \$45.00 | \$83.75 | \$8.75 |
| 50-64 | yearly | \$10,689.00 | \$7,320.00 | \$1,065.00 | \$540.00 | \$1,005.00 | \$105.00 |
| Male Tobacco Rates | | | | | | | |
| 50-64 | monthly | \$979.82 | \$671.00 | \$97.62 | \$49.50 | \$92.12 | \$9.62 |
| 50-64 | yearly | \$11,757.84 | \$8,052.00 | \$1,171.44 | \$594.00 | \$1,105.44 | \$115.44 |

The rates above are for plan effective dates from June 2024 - May 2025 and may change.

A Benefits for Part A Deductible, Part B Excess Charges, and Foreign Travel Emergency

B Benefits for 50% of Part A Deductible, Part B Excess Charges, and Foreign Travel Emergency

C Benefits for Part B Deductible - This benefit is provided by Certificate Rider 3. This rider is only available with the Basic Plan and only available to applicants eligible for Medicare prior to 1/1/2020.

D Additional Benefits for Home Health Care

1 Your age as of your plan effective date.

2 **The Enrollment Discount** is available to applicants age 65 to 85. You may qualify for an Enrollment Discount based on your age and your Medicare Part B effective date. If you are eligible, the discounted rates will be shown.

Who is eligible

You are eligible for the enrollment discount if you are between the ages of 65 and 85 and your plan effective date is within fifteen years following your 65th birthday or Medicare Part B effective date, if later, and you do not have any medical conditions on the application that would qualify you for a Level 2 rate.

The Level 2 rates do not apply to individuals who meet Medigap Open Enrollment or Guaranteed Issue.

How it works

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 is 51% at ages 65 through 67. The discount percentage reduces 2% each year on the anniversary date of your plan from age 68 to age 73 and then reduces by 3% each year from age 74 until the discount reaches 0% on the anniversary date of your plan on or after age 86.

3 Refer to the application for medical conditions that would qualify you for the Level 2 rate.

WISCONSIN Area 1 ZIP Codes

The ZIP Codes Below Apply to Rates Included on the Page Headed "Cover Page – Rates"

| | | | | |
|-------|-------|-------|-------|-------|
| 53002 | 53076 | 53143 | 53201 | 53233 |
| 53004 | 53080 | 53144 | 53202 | 53234 |
| 53005 | 53086 | 53146 | 53203 | 53235 |
| 53007 | 53089 | 53149 | 53204 | 53237 |
| 53008 | 53090 | 53150 | 53205 | 53259 |
| 53012 | 53092 | 53151 | 53206 | 53263 |
| 53017 | 53095 | 53152 | 53207 | 53274 |
| 53018 | 53097 | 53153 | 53208 | 53278 |
| 53021 | 53101 | 53154 | 53209 | 53288 |
| 53022 | 53102 | 53158 | 53210 | 53290 |
| 53024 | 53103 | 53159 | 53211 | 53293 |
| 53027 | 53104 | 53167 | 53212 | 53295 |
| 53029 | 53105 | 53168 | 53213 | 53401 |
| 53033 | 53108 | 53170 | 53214 | 53402 |
| 53037 | 53109 | 53171 | 53215 | 53403 |
| 53040 | 53110 | 53172 | 53216 | 53404 |
| 53045 | 53118 | 53177 | 53217 | 53405 |
| 53046 | 53119 | 53179 | 53218 | 53406 |
| 53051 | 53122 | 53181 | 53219 | 53407 |
| 53052 | 53126 | 53182 | 53220 | 53408 |
| 53056 | 53127 | 53183 | 53221 | |
| 53058 | 53129 | 53185 | 53222 | |
| 53060 | 53130 | 53186 | 53223 | |
| 53064 | 53132 | 53187 | 53224 | |
| 53066 | 53139 | 53188 | 53225 | |
| 53069 | 53140 | 53189 | 53226 | |
| 53072 | 53141 | 53192 | 53227 | |
| 53074 | 53142 | 53194 | 53228 | |

Cover Page - Rates for Wisconsin Plans and Rates

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

| | Basic Plan (MW) | Basic Plan w/Co-Pay (NW) | Rider 1 (OW) | Rider 2 (PW) | Rider 3 ¹ (QW) | Rider 4 (SW) |
|---|--------------------|--------------------------------|-----------------|-----------------|------------------------------|-----------------|
| Benefits | | | | | | |
| Part A (Hospitalization) co-insurance plus 365 additional hospital days after Medicare benefits end | ✓ | ✓ | | | | |
| Part B (Medical) co-insurance or co-payments | ✓ | Co-pay ² | | | | |
| Blood first 3 pints each year (Medicare pays costs after 3 pints) | ✓ | ✓ | | | | |
| Hospice Care co-insurance | ✓ | ✓ | | | | |
| Skilled Nursing Facility Care co-insurance | ✓ | ✓ | | | | |
| Part A Deductible | | | ✓ | 50% | | |
| Part B Annual Deductible | | | | | ✓ | |
| Part B Excess Charges | | | ✓ | ✓ | | |
| Foreign Travel emergency care | | | ✓ | ✓ | | |
| Home Health Care 40 visits | ✓ | ✓ | | | | |
| Home Health Care 365 visits, less any visits paid by Medicare | | | | | | ✓ |

1 NOTE: Rider 3 is only available with the Basic Plan and only available to applicants eligible for Medicare prior to 1/1/2020.

2 NOTE: Up to \$20 co-pay for office visits and up to \$50 co-pay for ER.

Cover Page - Rates for Wisconsin - Area 2 Female Non-Tobacco Plan Rates

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

| Group 1 | | | Applies to individuals whose plan effective date will be within fifteen years following their 65th birthday or Medicare Part B effective date, if later. | | | | |
|---|------------|-----------------|--|---------------------------|---------------------------|---------------------------|---------------------------|
| Age ¹ | Plan Rates | Basic Plan (MW) | Basic Plan w/Co-Pay (NW) | Rider 1 ^A (OW) | Rider 2 ^B (PW) | Rider 3 ^C (QW) | Rider 4 ^D (SW) |
| Standard Rates with Enrollment Discount ² for individuals ages 65-85 whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application. ³ | | | | | | | |
| 65 | monthly | \$131.07 | \$89.67 | \$13.10 | \$6.73 | \$12.25 | \$1.22 |
| 65 | yearly | \$1,572.84 | \$1,076.04 | \$157.20 | \$80.76 | \$147.00 | \$14.64 |
| 66 | monthly | \$131.07 | \$89.67 | \$13.10 | \$6.73 | \$12.25 | \$1.22 |
| 66 | yearly | \$1,572.84 | \$1,076.04 | \$157.20 | \$80.76 | \$147.00 | \$14.64 |
| 67 | monthly | \$131.07 | \$89.67 | \$13.10 | \$6.73 | \$12.25 | \$1.22 |
| 67 | yearly | \$1,572.84 | \$1,076.04 | \$157.20 | \$80.76 | \$147.00 | \$14.64 |
| 68 | monthly | \$136.42 | \$93.33 | \$13.64 | \$7.01 | \$12.75 | \$1.27 |
| 68 | yearly | \$1,637.04 | \$1,119.96 | \$163.68 | \$84.12 | \$153.00 | \$15.24 |
| 69 | monthly | \$141.77 | \$96.99 | \$14.17 | \$7.28 | \$13.25 | \$1.32 |
| 69 | yearly | \$1,701.24 | \$1,163.88 | \$170.04 | \$87.36 | \$159.00 | \$15.84 |
| 70 | monthly | \$147.12 | \$100.65 | \$14.71 | \$7.56 | \$13.75 | \$1.37 |
| 70 | yearly | \$1,765.44 | \$1,207.80 | \$176.52 | \$90.72 | \$165.00 | \$16.44 |
| 71 | monthly | \$152.47 | \$104.31 | \$15.24 | \$7.83 | \$14.25 | \$1.42 |
| 71 | yearly | \$1,829.64 | \$1,251.72 | \$182.88 | \$93.96 | \$171.00 | \$17.04 |
| 72 | monthly | \$157.82 | \$107.97 | \$15.78 | \$8.11 | \$14.75 | \$1.47 |
| 72 | yearly | \$1,893.84 | \$1,295.64 | \$189.36 | \$97.32 | \$177.00 | \$17.64 |
| 73 | monthly | \$163.17 | \$111.63 | \$16.31 | \$8.38 | \$15.25 | \$1.52 |
| 73 | yearly | \$1,958.04 | \$1,339.56 | \$195.72 | \$100.56 | \$183.00 | \$18.24 |
| 74 | monthly | \$171.20 | \$117.12 | \$17.12 | \$8.80 | \$16.00 | \$1.60 |
| 74 | yearly | \$2,054.40 | \$1,405.44 | \$205.44 | \$105.60 | \$192.00 | \$19.20 |
| 75 | monthly | \$179.22 | \$122.61 | \$17.92 | \$9.21 | \$16.75 | \$1.67 |
| 75 | yearly | \$2,150.64 | \$1,471.32 | \$215.04 | \$110.52 | \$201.00 | \$20.04 |
| 76 | monthly | \$187.25 | \$128.10 | \$18.72 | \$9.62 | \$17.50 | \$1.75 |
| 76 | yearly | \$2,247.00 | \$1,537.20 | \$224.64 | \$115.44 | \$210.00 | \$21.00 |
| 77 | monthly | \$195.27 | \$133.59 | \$19.52 | \$10.03 | \$18.25 | \$1.82 |
| 77 | yearly | \$2,343.24 | \$1,603.08 | \$234.24 | \$120.36 | \$219.00 | \$21.84 |
| 78 | monthly | \$203.30 | \$139.08 | \$20.33 | \$10.45 | \$19.00 | \$1.90 |
| 78 | yearly | \$2,439.60 | \$1,668.96 | \$243.96 | \$125.40 | \$228.00 | \$22.80 |
| 79 | monthly | \$211.32 | \$144.57 | \$21.13 | \$10.86 | \$19.75 | \$1.97 |
| 79 | yearly | \$2,535.84 | \$1,734.84 | \$253.56 | \$130.32 | \$237.00 | \$23.64 |
| 80 | monthly | \$219.35 | \$150.06 | \$21.93 | \$11.27 | \$20.50 | \$2.05 |
| 80 | yearly | \$2,632.20 | \$1,800.72 | \$263.16 | \$135.24 | \$246.00 | \$24.60 |
| 81 | monthly | \$227.37 | \$155.55 | \$22.73 | \$11.68 | \$21.25 | \$2.12 |
| 81 | yearly | \$2,728.44 | \$1,866.60 | \$272.76 | \$140.16 | \$255.00 | \$25.44 |

The rates above are for plan effective dates from June 2024 - May 2025 and may change.

Cover Page - Rates for Wisconsin - Area 2 Female Non-Tobacco Plan Rates

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

| Group 1 | | | Applies to individuals whose plan effective date will be within fifteen years following their 65th birthday or Medicare Part B effective date, if later. | | | | |
|---|------------|-----------------|--|---------------------------|---------------------------|---------------------------|---------------------------|
| Age ¹ | Plan Rates | Basic Plan (MW) | Basic Plan w/Co-Pay (NW) | Rider 1 ^A (OW) | Rider 2 ^B (PW) | Rider 3 ^C (QW) | Rider 4 ^D (SW) |
| Standard Rates with Enrollment Discount² for individuals ages 65-85 whose acceptance is guaranteed or who do not have any of the medical conditions on the application.³ | | | | | | | |
| 82 | monthly | \$235.40 | \$161.04 | \$23.54 | \$12.10 | \$22.00 | \$2.20 |
| 82 | yearly | \$2,824.80 | \$1,932.48 | \$282.48 | \$145.20 | \$264.00 | \$26.40 |
| 83 | monthly | \$243.42 | \$166.53 | \$24.34 | \$12.51 | \$22.75 | \$2.27 |
| 83 | yearly | \$2,921.04 | \$1,998.36 | \$292.08 | \$150.12 | \$273.00 | \$27.24 |
| 84 | monthly | \$251.45 | \$172.02 | \$25.14 | \$12.92 | \$23.50 | \$2.35 |
| 84 | yearly | \$3,017.40 | \$2,064.24 | \$301.68 | \$155.04 | \$282.00 | \$28.20 |
| 85 | monthly | \$259.47 | \$177.51 | \$25.94 | \$13.33 | \$24.25 | \$2.42 |
| 85 | yearly | \$3,113.64 | \$2,130.12 | \$311.28 | \$159.96 | \$291.00 | \$29.04 |
| Standard Rates for ages 86 and older whose acceptance is guaranteed or who do not have any of the medical conditions on the application.³ | | | | | | | |
| 86+ | monthly | \$267.50 | \$183.00 | \$26.75 | \$13.75 | \$25.00 | \$2.50 |
| 86+ | yearly | \$3,210.00 | \$2,196.00 | \$321.00 | \$165.00 | \$300.00 | \$30.00 |
| Level 2 Rates for individuals ages 65 and older whose acceptance is not guaranteed and who have one or more of the medical conditions on the application.³ | | | | | | | |
| 65+ | monthly | \$401.25 | \$329.40 | \$40.12 | \$20.62 | \$37.50 | \$3.75 |
| 65+ | yearly | \$4,815.00 | \$3,952.80 | \$481.44 | \$247.44 | \$450.00 | \$45.00 |

| Group 2 | | | Applies to individuals whose plan effective date will be fifteen or more years following their 65th birthday or Medicare Part B effective date, if later. | | | | |
|--|------------|-----------------|---|---------------------------|---------------------------|---------------------------|---------------------------|
| Age ¹ | Plan Rates | Basic Plan (MW) | Basic Plan w/Co-Pay (NW) | Rider 1 ^A (OW) | Rider 2 ^B (PW) | Rider 3 ^C (QW) | Rider 4 ^D (SW) |
| Level 1 Rates for individuals ages 80 and older whose acceptance is guaranteed or who do not have any of the medical conditions on the application.³ | | | | | | | |
| 80+ | monthly | \$294.25 | \$201.30 | \$29.42 | \$15.12 | \$27.50 | \$2.75 |
| 80+ | yearly | \$3,531.00 | \$2,415.60 | \$353.04 | \$181.44 | \$330.00 | \$33.00 |
| Level 2 Rates for individuals ages 80 and older whose acceptance is not guaranteed and who have one or more of the medical conditions on the application.³ | | | | | | | |
| 80+ | monthly | \$401.25 | \$329.40 | \$40.12 | \$20.62 | \$37.50 | \$3.75 |
| 80+ | yearly | \$4,815.00 | \$3,952.80 | \$481.44 | \$247.44 | \$450.00 | \$45.00 |

The rates above are for plan effective dates from June 2024 - May 2025 and may change.

Cover Page - Rates for Wisconsin - Area 2 Female Tobacco Plan Rates

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

| Group 1 | | | Applies to individuals whose plan effective date will be within fifteen years following their 65th birthday or Medicare Part B effective date, if later. | | | | |
|---|------------|-----------------|--|---------------------------|---------------------------|---------------------------|---------------------------|
| Age ¹ | Plan Rates | Basic Plan (MW) | Basic Plan w/Co-Pay (NW) | Rider 1 ^A (OW) | Rider 2 ^B (PW) | Rider 3 ^C (QW) | Rider 4 ^D (SW) |
| Standard Rates with Enrollment Discount ² for individuals ages 65-85 whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application. ³ | | | | | | | |
| 65 | monthly | \$144.18 | \$98.63 | \$14.41 | \$7.40 | \$13.47 | \$1.34 |
| 65 | yearly | \$1,730.16 | \$1,183.56 | \$172.92 | \$88.80 | \$161.64 | \$16.08 |
| 66 | monthly | \$144.18 | \$98.63 | \$14.41 | \$7.40 | \$13.47 | \$1.34 |
| 66 | yearly | \$1,730.16 | \$1,183.56 | \$172.92 | \$88.80 | \$161.64 | \$16.08 |
| 67 | monthly | \$144.18 | \$98.63 | \$14.41 | \$7.40 | \$13.47 | \$1.34 |
| 67 | yearly | \$1,730.16 | \$1,183.56 | \$172.92 | \$88.80 | \$161.64 | \$16.08 |
| 68 | monthly | \$150.06 | \$102.66 | \$15.00 | \$7.71 | \$14.02 | \$1.40 |
| 68 | yearly | \$1,800.72 | \$1,231.92 | \$180.00 | \$92.52 | \$168.24 | \$16.80 |
| 69 | monthly | \$155.95 | \$106.68 | \$15.59 | \$8.01 | \$14.57 | \$1.45 |
| 69 | yearly | \$1,871.40 | \$1,280.16 | \$187.08 | \$96.12 | \$174.84 | \$17.40 |
| 70 | monthly | \$161.83 | \$110.71 | \$16.18 | \$8.31 | \$15.12 | \$1.51 |
| 70 | yearly | \$1,941.96 | \$1,328.52 | \$194.16 | \$99.72 | \$181.44 | \$18.12 |
| 71 | monthly | \$167.72 | \$114.74 | \$16.76 | \$8.61 | \$15.67 | \$1.56 |
| 71 | yearly | \$2,012.64 | \$1,376.88 | \$201.12 | \$103.32 | \$188.04 | \$18.72 |
| 72 | monthly | \$173.60 | \$118.76 | \$17.35 | \$8.92 | \$16.22 | \$1.62 |
| 72 | yearly | \$2,083.20 | \$1,425.12 | \$208.20 | \$107.04 | \$194.64 | \$19.44 |
| 73 | monthly | \$179.49 | \$122.79 | \$17.94 | \$9.22 | \$16.77 | \$1.67 |
| 73 | yearly | \$2,153.88 | \$1,473.48 | \$215.28 | \$110.64 | \$201.24 | \$20.04 |
| 74 | monthly | \$188.32 | \$128.83 | \$18.82 | \$9.67 | \$17.60 | \$1.76 |
| 74 | yearly | \$2,259.84 | \$1,545.96 | \$225.84 | \$116.04 | \$211.20 | \$21.12 |
| 75 | monthly | \$197.14 | \$134.87 | \$19.71 | \$10.13 | \$18.42 | \$1.84 |
| 75 | yearly | \$2,365.68 | \$1,618.44 | \$236.52 | \$121.56 | \$221.04 | \$22.08 |
| 76 | monthly | \$205.97 | \$140.91 | \$20.59 | \$10.58 | \$19.25 | \$1.92 |
| 76 | yearly | \$2,471.64 | \$1,690.92 | \$247.08 | \$126.96 | \$231.00 | \$23.04 |
| 77 | monthly | \$214.80 | \$146.94 | \$21.47 | \$11.03 | \$20.07 | \$2.00 |
| 77 | yearly | \$2,577.60 | \$1,763.28 | \$257.64 | \$132.36 | \$240.84 | \$24.00 |
| 78 | monthly | \$223.63 | \$152.98 | \$22.35 | \$11.49 | \$20.90 | \$2.09 |
| 78 | yearly | \$2,683.56 | \$1,835.76 | \$268.20 | \$137.88 | \$250.80 | \$25.08 |
| 79 | monthly | \$232.45 | \$159.02 | \$23.24 | \$11.94 | \$21.72 | \$2.17 |
| 79 | yearly | \$2,789.40 | \$1,908.24 | \$278.88 | \$143.28 | \$260.64 | \$26.04 |
| 80 | monthly | \$241.28 | \$165.06 | \$24.12 | \$12.39 | \$22.55 | \$2.25 |
| 80 | yearly | \$2,895.36 | \$1,980.72 | \$289.44 | \$148.68 | \$270.60 | \$27.00 |
| 81 | monthly | \$250.11 | \$171.10 | \$25.00 | \$12.85 | \$23.37 | \$2.33 |
| 81 | yearly | \$3,001.32 | \$2,053.20 | \$300.00 | \$154.20 | \$280.44 | \$27.96 |

The rates above are for plan effective dates from June 2024 - May 2025 and may change.

Cover Page - Rates for Wisconsin - Area 2 Female Tobacco Plan Rates

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

| Group 1 | | | Applies to individuals whose plan effective date will be within fifteen years following their 65th birthday or Medicare Part B effective date, if later. | | | | |
|---|------------|-----------------|--|---------------------------|---------------------------|---------------------------|---------------------------|
| Age ¹ | Plan Rates | Basic Plan (MW) | Basic Plan w/Co-Pay (NW) | Rider 1 ^A (OW) | Rider 2 ^B (PW) | Rider 3 ^C (QW) | Rider 4 ^D (SW) |
| Standard Rates with Enrollment Discount² for individuals ages 65-85 whose acceptance is guaranteed or who do not have any of the medical conditions on the application.³ | | | | | | | |
| 82 | monthly | \$258.94 | \$177.14 | \$25.88 | \$13.30 | \$24.20 | \$2.42 |
| 82 | yearly | \$3,107.28 | \$2,125.68 | \$310.56 | \$159.60 | \$290.40 | \$29.04 |
| 83 | monthly | \$267.76 | \$183.18 | \$26.77 | \$13.75 | \$25.02 | \$2.50 |
| 83 | yearly | \$3,213.12 | \$2,198.16 | \$321.24 | \$165.00 | \$300.24 | \$30.00 |
| 84 | monthly | \$276.59 | \$189.22 | \$27.65 | \$14.21 | \$25.85 | \$2.58 |
| 84 | yearly | \$3,319.08 | \$2,270.64 | \$331.80 | \$170.52 | \$310.20 | \$30.96 |
| 85 | monthly | \$285.42 | \$195.26 | \$28.53 | \$14.66 | \$26.67 | \$2.66 |
| 85 | yearly | \$3,425.04 | \$2,343.12 | \$342.36 | \$175.92 | \$320.04 | \$31.92 |
| Standard Rates for ages 86 and older whose acceptance is guaranteed or who do not have any of the medical conditions on the application.³ | | | | | | | |
| 86+ | monthly | \$294.25 | \$201.30 | \$29.42 | \$15.12 | \$27.50 | \$2.75 |
| 86+ | yearly | \$3,531.00 | \$2,415.60 | \$353.04 | \$181.44 | \$330.00 | \$33.00 |
| Level 2 Rates for individuals ages 65 and older whose acceptance is not guaranteed and who have one or more of the medical conditions on the application.³ | | | | | | | |
| 65+ | monthly | \$441.37 | \$362.34 | \$44.13 | \$22.68 | \$41.25 | \$4.12 |
| 65+ | yearly | \$5,296.44 | \$4,348.08 | \$529.56 | \$272.16 | \$495.00 | \$49.44 |

| Group 2 | | | Applies to individuals whose plan effective date will be fifteen or more years following their 65th birthday or Medicare Part B effective date, if later. | | | | |
|--|------------|-----------------|---|---------------------------|---------------------------|---------------------------|---------------------------|
| Age ¹ | Plan Rates | Basic Plan (MW) | Basic Plan w/Co-Pay (NW) | Rider 1 ^A (OW) | Rider 2 ^B (PW) | Rider 3 ^C (QW) | Rider 4 ^D (SW) |
| Level 1 Rates for individuals ages 80 and older whose acceptance is guaranteed or who do not have any of the medical conditions on the application.³ | | | | | | | |
| 80+ | monthly | \$323.67 | \$221.43 | \$32.36 | \$16.63 | \$30.25 | \$3.02 |
| 80+ | yearly | \$3,884.04 | \$2,657.16 | \$388.32 | \$199.56 | \$363.00 | \$36.24 |
| Level 2 Rates for individuals ages 80 and older whose acceptance is not guaranteed and who have one or more of the medical conditions on the application.³ | | | | | | | |
| 80+ | monthly | \$441.37 | \$362.34 | \$44.13 | \$22.68 | \$41.25 | \$4.12 |
| 80+ | yearly | \$5,296.44 | \$4,348.08 | \$529.56 | \$272.16 | \$495.00 | \$49.44 |

The rates above are for plan effective dates from June 2024 - May 2025 and may change.

Cover Page - Rates for Wisconsin - Area 2 Male Non-Tobacco Plan Rates

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

| Group 1 | | | Applies to individuals whose plan effective date will be within fifteen years following their 65th birthday or Medicare Part B effective date, if later. | | | | |
|---|------------|-----------------|--|---------------------------|---------------------------|---------------------------|---------------------------|
| Age ¹ | Plan Rates | Basic Plan (MW) | Basic Plan w/Co-Pay (NW) | Rider 1 ^A (OW) | Rider 2 ^B (PW) | Rider 3 ^C (QW) | Rider 4 ^D (SW) |
| Standard Rates with Enrollment Discount ² for individuals ages 65-85 whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application. ³ | | | | | | | |
| 65 | monthly | \$147.73 | \$101.18 | \$14.82 | \$7.47 | \$13.72 | \$1.47 |
| 65 | yearly | \$1,772.76 | \$1,214.16 | \$177.84 | \$89.64 | \$164.64 | \$17.64 |
| 66 | monthly | \$147.73 | \$101.18 | \$14.82 | \$7.47 | \$13.72 | \$1.47 |
| 66 | yearly | \$1,772.76 | \$1,214.16 | \$177.84 | \$89.64 | \$164.64 | \$17.64 |
| 67 | monthly | \$147.73 | \$101.18 | \$14.82 | \$7.47 | \$13.72 | \$1.47 |
| 67 | yearly | \$1,772.76 | \$1,214.16 | \$177.84 | \$89.64 | \$164.64 | \$17.64 |
| 68 | monthly | \$153.76 | \$105.31 | \$15.42 | \$7.77 | \$14.28 | \$1.53 |
| 68 | yearly | \$1,845.12 | \$1,263.72 | \$185.04 | \$93.24 | \$171.36 | \$18.36 |
| 69 | monthly | \$159.79 | \$109.44 | \$16.03 | \$8.08 | \$14.84 | \$1.59 |
| 69 | yearly | \$1,917.48 | \$1,313.28 | \$192.36 | \$96.96 | \$178.08 | \$19.08 |
| 70 | monthly | \$165.82 | \$113.57 | \$16.63 | \$8.38 | \$15.40 | \$1.65 |
| 70 | yearly | \$1,989.84 | \$1,362.84 | \$199.56 | \$100.56 | \$184.80 | \$19.80 |
| 71 | monthly | \$171.85 | \$117.70 | \$17.24 | \$8.69 | \$15.96 | \$1.71 |
| 71 | yearly | \$2,062.20 | \$1,412.40 | \$206.88 | \$104.28 | \$191.52 | \$20.52 |
| 72 | monthly | \$177.88 | \$121.83 | \$17.84 | \$8.99 | \$16.52 | \$1.77 |
| 72 | yearly | \$2,134.56 | \$1,461.96 | \$214.08 | \$107.88 | \$198.24 | \$21.24 |
| 73 | monthly | \$183.91 | \$125.96 | \$18.45 | \$9.30 | \$17.08 | \$1.83 |
| 73 | yearly | \$2,206.92 | \$1,511.52 | \$221.40 | \$111.60 | \$204.96 | \$21.96 |
| 74 | monthly | \$192.96 | \$132.16 | \$19.36 | \$9.76 | \$17.92 | \$1.92 |
| 74 | yearly | \$2,315.52 | \$1,585.92 | \$232.32 | \$117.12 | \$215.04 | \$23.04 |
| 75 | monthly | \$202.00 | \$138.35 | \$20.26 | \$10.21 | \$18.76 | \$2.01 |
| 75 | yearly | \$2,424.00 | \$1,660.20 | \$243.12 | \$122.52 | \$225.12 | \$24.12 |
| 76 | monthly | \$211.05 | \$144.55 | \$21.17 | \$10.67 | \$19.60 | \$2.10 |
| 76 | yearly | \$2,532.60 | \$1,734.60 | \$254.04 | \$128.04 | \$235.20 | \$25.20 |
| 77 | monthly | \$220.09 | \$150.74 | \$22.08 | \$11.13 | \$20.44 | \$2.19 |
| 77 | yearly | \$2,641.08 | \$1,808.88 | \$264.96 | \$133.56 | \$245.28 | \$26.28 |
| 78 | monthly | \$229.14 | \$156.94 | \$22.99 | \$11.59 | \$21.28 | \$2.28 |
| 78 | yearly | \$2,749.68 | \$1,883.28 | \$275.88 | \$139.08 | \$255.36 | \$27.36 |
| 79 | monthly | \$238.18 | \$163.13 | \$23.89 | \$12.04 | \$22.12 | \$2.37 |
| 79 | yearly | \$2,858.16 | \$1,957.56 | \$286.68 | \$144.48 | \$265.44 | \$28.44 |
| 80 | monthly | \$247.23 | \$169.33 | \$24.80 | \$12.50 | \$22.96 | \$2.46 |
| 80 | yearly | \$2,966.76 | \$2,031.96 | \$297.60 | \$150.00 | \$275.52 | \$29.52 |
| 81 | monthly | \$256.27 | \$175.52 | \$25.71 | \$12.96 | \$23.80 | \$2.55 |
| 81 | yearly | \$3,075.24 | \$2,106.24 | \$308.52 | \$155.52 | \$285.60 | \$30.60 |

The rates above are for plan effective dates from June 2024 - May 2025 and may change.

Cover Page - Rates for Wisconsin - Area 2 Male Non-Tobacco Plan Rates

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

| Group 1 | | | Applies to individuals whose plan effective date will be within fifteen years following their 65th birthday or Medicare Part B effective date, if later. | | | | |
|---|------------|-----------------|--|---------------------------|---------------------------|---------------------------|---------------------------|
| Age ¹ | Plan Rates | Basic Plan (MW) | Basic Plan w/Co-Pay (NW) | Rider 1 ^A (OW) | Rider 2 ^B (PW) | Rider 3 ^C (QW) | Rider 4 ^D (SW) |
| Standard Rates with Enrollment Discount² for individuals ages 65-85 whose acceptance is guaranteed or who do not have any of the medical conditions on the application.³ | | | | | | | |
| 82 | monthly | \$265.32 | \$181.72 | \$26.62 | \$13.42 | \$24.64 | \$2.64 |
| 82 | yearly | \$3,183.84 | \$2,180.64 | \$319.44 | \$161.04 | \$295.68 | \$31.68 |
| 83 | monthly | \$274.36 | \$187.91 | \$27.52 | \$13.87 | \$25.48 | \$2.73 |
| 83 | yearly | \$3,292.32 | \$2,254.92 | \$330.24 | \$166.44 | \$305.76 | \$32.76 |
| 84 | monthly | \$283.41 | \$194.11 | \$28.43 | \$14.33 | \$26.32 | \$2.82 |
| 84 | yearly | \$3,400.92 | \$2,329.32 | \$341.16 | \$171.96 | \$315.84 | \$33.84 |
| 85 | monthly | \$292.45 | \$200.30 | \$29.34 | \$14.79 | \$27.16 | \$2.91 |
| 85 | yearly | \$3,509.40 | \$2,403.60 | \$352.08 | \$177.48 | \$325.92 | \$34.92 |
| Standard Rates for ages 86 and older whose acceptance is guaranteed or who do not have any of the medical conditions on the application.³ | | | | | | | |
| 86+ | monthly | \$301.50 | \$206.50 | \$30.25 | \$15.25 | \$28.00 | \$3.00 |
| 86+ | yearly | \$3,618.00 | \$2,478.00 | \$363.00 | \$183.00 | \$336.00 | \$36.00 |
| Level 2 Rates for individuals ages 65 and older whose acceptance is not guaranteed and who have one or more of the medical conditions on the application.³ | | | | | | | |
| 65+ | monthly | \$452.25 | \$371.70 | \$45.37 | \$22.87 | \$42.00 | \$4.50 |
| 65+ | yearly | \$5,427.00 | \$4,460.40 | \$544.44 | \$274.44 | \$504.00 | \$54.00 |

| Group 2 | | | Applies to individuals whose plan effective date will be fifteen or more years following their 65th birthday or Medicare Part B effective date, if later. | | | | |
|--|------------|-----------------|---|---------------------------|---------------------------|---------------------------|---------------------------|
| Age ¹ | Plan Rates | Basic Plan (MW) | Basic Plan w/Co-Pay (NW) | Rider 1 ^A (OW) | Rider 2 ^B (PW) | Rider 3 ^C (QW) | Rider 4 ^D (SW) |
| Level 1 Rates for individuals ages 80 and older whose acceptance is guaranteed or who do not have any of the medical conditions on the application.³ | | | | | | | |
| 80+ | monthly | \$331.65 | \$227.15 | \$33.27 | \$16.77 | \$30.80 | \$3.30 |
| 80+ | yearly | \$3,979.80 | \$2,725.80 | \$399.24 | \$201.24 | \$369.60 | \$39.60 |
| Level 2 Rates for individuals ages 80 and older whose acceptance is not guaranteed and who have one or more of the medical conditions on the application.³ | | | | | | | |
| 80+ | monthly | \$452.25 | \$371.70 | \$45.37 | \$22.87 | \$42.00 | \$4.50 |
| 80+ | yearly | \$5,427.00 | \$4,460.40 | \$544.44 | \$274.44 | \$504.00 | \$54.00 |

The rates above are for plan effective dates from June 2024 - May 2025 and may change.

Cover Page - Rates for Wisconsin - Area 2 Male Tobacco Plan Rates

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

| Group 1 | | | Applies to individuals whose plan effective date will be within fifteen years following their 65th birthday or Medicare Part B effective date, if later. | | | | |
|---|------------|-----------------|--|---------------------------|---------------------------|---------------------------|---------------------------|
| Age ¹ | Plan Rates | Basic Plan (MW) | Basic Plan w/Co-Pay (NW) | Rider 1 ^A (OW) | Rider 2 ^B (PW) | Rider 3 ^C (QW) | Rider 4 ^D (SW) |
| Standard Rates with Enrollment Discount ² for individuals ages 65-85 whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application. ³ | | | | | | | |
| 65 | monthly | \$162.50 | \$111.30 | \$16.30 | \$8.21 | \$15.09 | \$1.61 |
| 65 | yearly | \$1,950.00 | \$1,335.60 | \$195.60 | \$98.52 | \$181.08 | \$19.32 |
| 66 | monthly | \$162.50 | \$111.30 | \$16.30 | \$8.21 | \$15.09 | \$1.61 |
| 66 | yearly | \$1,950.00 | \$1,335.60 | \$195.60 | \$98.52 | \$181.08 | \$19.32 |
| 67 | monthly | \$162.50 | \$111.30 | \$16.30 | \$8.21 | \$15.09 | \$1.61 |
| 67 | yearly | \$1,950.00 | \$1,335.60 | \$195.60 | \$98.52 | \$181.08 | \$19.32 |
| 68 | monthly | \$169.14 | \$115.84 | \$16.96 | \$8.55 | \$15.70 | \$1.68 |
| 68 | yearly | \$2,029.68 | \$1,390.08 | \$203.52 | \$102.60 | \$188.40 | \$20.16 |
| 69 | monthly | \$175.77 | \$120.38 | \$17.63 | \$8.88 | \$16.32 | \$1.74 |
| 69 | yearly | \$2,109.24 | \$1,444.56 | \$211.56 | \$106.56 | \$195.84 | \$20.88 |
| 70 | monthly | \$182.40 | \$124.93 | \$18.29 | \$9.22 | \$16.94 | \$1.81 |
| 70 | yearly | \$2,188.80 | \$1,499.16 | \$219.48 | \$110.64 | \$203.28 | \$21.72 |
| 71 | monthly | \$189.04 | \$129.47 | \$18.96 | \$9.55 | \$17.55 | \$1.88 |
| 71 | yearly | \$2,268.48 | \$1,553.64 | \$227.52 | \$114.60 | \$210.60 | \$22.56 |
| 72 | monthly | \$195.67 | \$134.01 | \$19.62 | \$9.89 | \$18.17 | \$1.94 |
| 72 | yearly | \$2,348.04 | \$1,608.12 | \$235.44 | \$118.68 | \$218.04 | \$23.28 |
| 73 | monthly | \$202.30 | \$138.56 | \$20.29 | \$10.22 | \$18.78 | \$2.01 |
| 73 | yearly | \$2,427.60 | \$1,662.72 | \$243.48 | \$122.64 | \$225.36 | \$24.12 |
| 74 | monthly | \$212.25 | \$145.37 | \$21.29 | \$10.73 | \$19.71 | \$2.11 |
| 74 | yearly | \$2,547.00 | \$1,744.44 | \$255.48 | \$128.76 | \$236.52 | \$25.32 |
| 75 | monthly | \$222.20 | \$152.19 | \$22.29 | \$11.23 | \$20.63 | \$2.21 |
| 75 | yearly | \$2,666.40 | \$1,826.28 | \$267.48 | \$134.76 | \$247.56 | \$26.52 |
| 76 | monthly | \$232.15 | \$159.00 | \$23.28 | \$11.73 | \$21.56 | \$2.31 |
| 76 | yearly | \$2,785.80 | \$1,908.00 | \$279.36 | \$140.76 | \$258.72 | \$27.72 |
| 77 | monthly | \$242.10 | \$165.81 | \$24.28 | \$12.24 | \$22.48 | \$2.40 |
| 77 | yearly | \$2,905.20 | \$1,989.72 | \$291.36 | \$146.88 | \$269.76 | \$28.80 |
| 78 | monthly | \$252.05 | \$172.63 | \$25.28 | \$12.74 | \$23.40 | \$2.50 |
| 78 | yearly | \$3,024.60 | \$2,071.56 | \$303.36 | \$152.88 | \$280.80 | \$30.00 |
| 79 | monthly | \$262.00 | \$179.44 | \$26.28 | \$13.24 | \$24.33 | \$2.60 |
| 79 | yearly | \$3,144.00 | \$2,153.28 | \$315.36 | \$158.88 | \$291.96 | \$31.20 |
| 80 | monthly | \$271.95 | \$186.26 | \$27.28 | \$13.75 | \$25.25 | \$2.70 |
| 80 | yearly | \$3,263.40 | \$2,235.12 | \$327.36 | \$165.00 | \$303.00 | \$32.40 |
| 81 | monthly | \$281.90 | \$193.07 | \$28.27 | \$14.25 | \$26.18 | \$2.80 |
| 81 | yearly | \$3,382.80 | \$2,316.84 | \$339.24 | \$171.00 | \$314.16 | \$33.60 |

The rates above are for plan effective dates from June 2024 - May 2025 and may change.

Cover Page - Rates for Wisconsin - Area 2 Male Tobacco Plan Rates

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

| Group 1 | | | Applies to individuals whose plan effective date will be within fifteen years following their 65th birthday or Medicare Part B effective date, if later. | | | | |
|---|------------|-----------------|--|---------------------------|---------------------------|---------------------------|---------------------------|
| Age ¹ | Plan Rates | Basic Plan (MW) | Basic Plan w/Co-Pay (NW) | Rider 1 ^A (OW) | Rider 2 ^B (PW) | Rider 3 ^C (QW) | Rider 4 ^D (SW) |
| Standard Rates with Enrollment Discount² for individuals ages 65-85 whose acceptance is guaranteed or who do not have any of the medical conditions on the application.³ | | | | | | | |
| 82 | monthly | \$291.85 | \$199.89 | \$29.27 | \$14.75 | \$27.10 | \$2.90 |
| 82 | yearly | \$3,502.20 | \$2,398.68 | \$351.24 | \$177.00 | \$325.20 | \$34.80 |
| 83 | monthly | \$301.80 | \$206.70 | \$30.27 | \$15.26 | \$28.02 | \$3.00 |
| 83 | yearly | \$3,621.60 | \$2,480.40 | \$363.24 | \$183.12 | \$336.24 | \$36.00 |
| 84 | monthly | \$311.75 | \$213.52 | \$31.27 | \$15.76 | \$28.95 | \$3.10 |
| 84 | yearly | \$3,741.00 | \$2,562.24 | \$375.24 | \$189.12 | \$347.40 | \$37.20 |
| 85 | monthly | \$321.70 | \$220.33 | \$32.27 | \$16.26 | \$29.87 | \$3.20 |
| 85 | yearly | \$3,860.40 | \$2,643.96 | \$387.24 | \$195.12 | \$358.44 | \$38.40 |
| Standard Rates for ages 86 and older whose acceptance is guaranteed or who do not have any of the medical conditions on the application.³ | | | | | | | |
| 86+ | monthly | \$331.65 | \$227.15 | \$33.27 | \$16.77 | \$30.80 | \$3.30 |
| 86+ | yearly | \$3,979.80 | \$2,725.80 | \$399.24 | \$201.24 | \$369.60 | \$39.60 |
| Level 2 Rates for individuals ages 65 and older whose acceptance is not guaranteed and who have one or more of the medical conditions on the application.³ | | | | | | | |
| 65+ | monthly | \$497.47 | \$408.87 | \$49.90 | \$25.15 | \$46.20 | \$4.95 |
| 65+ | yearly | \$5,969.64 | \$4,906.44 | \$598.80 | \$301.80 | \$554.40 | \$59.40 |

| Group 2 | | | Applies to individuals whose plan effective date will be fifteen or more years following their 65th birthday or Medicare Part B effective date, if later. | | | | |
|--|------------|-----------------|---|---------------------------|---------------------------|---------------------------|---------------------------|
| Age ¹ | Plan Rates | Basic Plan (MW) | Basic Plan w/Co-Pay (NW) | Rider 1 ^A (OW) | Rider 2 ^B (PW) | Rider 3 ^C (QW) | Rider 4 ^D (SW) |
| Level 1 Rates for individuals ages 80 and older whose acceptance is guaranteed or who do not have any of the medical conditions on the application.³ | | | | | | | |
| 80+ | monthly | \$364.81 | \$249.86 | \$36.59 | \$18.44 | \$33.88 | \$3.63 |
| 80+ | yearly | \$4,377.72 | \$2,998.32 | \$439.08 | \$221.28 | \$406.56 | \$43.56 |
| Level 2 Rates for individuals ages 80 and older whose acceptance is not guaranteed and who have one or more of the medical conditions on the application.³ | | | | | | | |
| 80+ | monthly | \$497.47 | \$408.87 | \$49.90 | \$25.15 | \$46.20 | \$4.95 |
| 80+ | yearly | \$5,969.64 | \$4,906.44 | \$598.80 | \$301.80 | \$554.40 | \$59.40 |

The rates above are for plan effective dates from June 2024 - May 2025 and may change.

Cover Page - Rates for Wisconsin - Area 2 Under 65 Plan Rates

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

| Group 3 | | | Applies to individuals age 50-64 who are eligible for Medicare. | | | | |
|---------------------------------|------------|-----------------|---|---------------------------|---------------------------|---------------------------|---------------------------|
| Age ¹ | Plan Rates | Basic Plan (MW) | Basic Plan w/Co-Pay (NW) | Rider 1 ^A (OW) | Rider 2 ^B (PW) | Rider 3 ^C (QW) | Rider 4 ^D (SW) |
| Female Non-Tobacco Rates | | | | | | | |
| 50-64 | monthly | \$668.75 | \$457.50 | \$67.00 | \$34.50 | \$62.50 | \$6.25 |
| 50-64 | yearly | \$8,025.00 | \$5,490.00 | \$804.00 | \$414.00 | \$750.00 | \$75.00 |
| Female Tobacco Rates | | | | | | | |
| 50-64 | monthly | \$735.62 | \$503.25 | \$73.70 | \$37.95 | \$68.75 | \$6.87 |
| 50-64 | yearly | \$8,827.44 | \$6,039.00 | \$884.40 | \$455.40 | \$825.00 | \$82.44 |
| Male Non-Tobacco Rates | | | | | | | |
| 50-64 | monthly | \$753.75 | \$516.25 | \$75.75 | \$38.25 | \$70.00 | \$7.50 |
| 50-64 | yearly | \$9,045.00 | \$6,195.00 | \$909.00 | \$459.00 | \$840.00 | \$90.00 |
| Male Tobacco Rates | | | | | | | |
| 50-64 | monthly | \$829.12 | \$567.87 | \$83.32 | \$42.07 | \$77.00 | \$8.25 |
| 50-64 | yearly | \$9,949.44 | \$6,814.44 | \$999.84 | \$504.84 | \$924.00 | \$99.00 |

The rates above are for plan effective dates from June 2024 - May 2025 and may change.

A Benefits for Part A Deductible, Part B Excess Charges, and Foreign Travel Emergency

B Benefits for 50% of Part A Deductible, Part B Excess Charges, and Foreign Travel Emergency

C Benefits for Part B Deductible - This benefit is provided by Certificate Rider 3. This rider is only available with the Basic Plan and only available to applicants eligible for Medicare prior to 1/1/2020.

D Additional Benefits for Home Health Care

1 Your age as of your plan effective date.

2 **The Enrollment Discount** is available to applicants age 65 to 85. You may qualify for an Enrollment Discount based on your age and your Medicare Part B effective date. If you are eligible, the discounted rates will be shown.

Who is eligible

You are eligible for the enrollment discount if you are between the ages of 65 and 85 and your plan effective date is within fifteen years following your 65th birthday or Medicare Part B effective date, if later, and you do not have any medical conditions on the application that would qualify you for a Level 2 rate.

The Level 2 rates do not apply to individuals who meet Medigap Open Enrollment or Guaranteed Issue.

How it works

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 is 51% at ages 65 through 67. The discount percentage reduces 2% each year on the anniversary date of your plan from age 68 to age 73 and then reduces by 3% each year from age 74 until the discount reaches 0% on the anniversary date of your plan on or after age 86.

3 Refer to the application for medical conditions that would qualify you for the Level 2 rate.

WISCONSIN Area 2 ZIP Codes

The ZIP Codes Below Apply to Rates Included on the Page Headed "Cover Page – Rates"

| | | | | | | | | | | | |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 53001 | 53505 | 53588 | 53910 | 53969 | 54155 | 54303 | 54443 | 54498 | 54720 | 54847 | 54941 |
| 53010 | 53508 | 53589 | 53911 | 54002 | 54156 | 54304 | 54446 | 54501 | 54721 | 54856 | 54942 |
| 53011 | 53510 | 53590 | 53913 | 54007 | 54157 | 54305 | 54447 | 54511 | 54722 | 54857 | 54943 |
| 53013 | 53511 | 53593 | 53919 | 54013 | 54159 | 54306 | 54448 | 54512 | 54724 | 54859 | 54944 |
| 53015 | 53512 | 53596 | 53920 | 54015 | 54161 | 54307 | 54449 | 54519 | 54726 | 54862 | 54945 |
| 53019 | 53515 | 53597 | 53923 | 54016 | 54162 | 54308 | 54451 | 54520 | 54727 | 54865 | 54946 |
| 53020 | 53516 | 53598 | 53925 | 54017 | 54165 | 54311 | 54452 | 54521 | 54728 | 54867 | 54947 |
| 53023 | 53517 | 53599 | 53926 | 54023 | 54170 | 54313 | 54454 | 54525 | 54729 | 54868 | 54949 |
| 53026 | 53523 | 53701 | 53928 | 54025 | 54171 | 54324 | 54455 | 54529 | 54732 | 54870 | 54950 |
| 53031 | 53525 | 53702 | 53929 | 54027 | 54173 | 54344 | 54456 | 54531 | 54733 | 54871 | 54952 |
| 53042 | 53527 | 53703 | 53930 | 54028 | 54174 | 54401 | 54457 | 54532 | 54736 | 54875 | 54956 |
| 53044 | 53528 | 53704 | 53931 | 54082 | 54175 | 54402 | 54458 | 54534 | 54741 | 54876 | 54957 |
| 53049 | 53529 | 53705 | 53932 | 54101 | 54177 | 54403 | 54460 | 54536 | 54742 | 54888 | 54960 |
| 53057 | 53530 | 53706 | 53934 | 54102 | 54180 | 54404 | 54462 | 54538 | 54745 | 54889 | 54961 |
| 53063 | 53531 | 53707 | 53935 | 54103 | 54202 | 54405 | 54463 | 54539 | 54746 | 54891 | 54962 |
| 53065 | 53532 | 53708 | 53936 | 54104 | 54204 | 54406 | 54464 | 54540 | 54748 | 54896 | 54963 |
| 53070 | 53534 | 53711 | 53937 | 54106 | 54207 | 54407 | 54465 | 54541 | 54757 | 54901 | 54964 |
| 53073 | 53536 | 53713 | 53939 | 54112 | 54208 | 54409 | 54466 | 54542 | 54759 | 54902 | 54965 |
| 53075 | 53537 | 53714 | 53940 | 54113 | 54209 | 54410 | 54467 | 54543 | 54762 | 54903 | 54966 |
| 53079 | 53541 | 53715 | 53941 | 54114 | 54210 | 54411 | 54469 | 54545 | 54768 | 54904 | 54967 |
| 53081 | 53542 | 53716 | 53942 | 54115 | 54211 | 54412 | 54470 | 54547 | 54769 | 54906 | 54968 |
| 53082 | 53545 | 53717 | 53943 | 54119 | 54212 | 54413 | 54471 | 54548 | 54771 | 54909 | 54969 |
| 53083 | 53546 | 53718 | 53944 | 54120 | 54213 | 54415 | 54472 | 54550 | 54774 | 54911 | 54970 |
| 53085 | 53547 | 53719 | 53946 | 54121 | 54214 | 54417 | 54473 | 54554 | 54801 | 54912 | 54971 |
| 53093 | 53548 | 53725 | 53947 | 54124 | 54215 | 54418 | 54474 | 54557 | 54805 | 54913 | 54974 |
| 53114 | 53555 | 53726 | 53948 | 54125 | 54220 | 54420 | 54475 | 54558 | 54812 | 54914 | 54976 |
| 53115 | 53558 | 53744 | 53949 | 54126 | 54221 | 54421 | 54476 | 54559 | 54813 | 54915 | 54977 |
| 53120 | 53559 | 53774 | 53950 | 54130 | 54226 | 54422 | 54479 | 54560 | 54814 | 54919 | 54979 |
| 53121 | 53560 | 53777 | 53951 | 54131 | 54227 | 54423 | 54480 | 54561 | 54816 | 54921 | 54980 |
| 53125 | 53561 | 53782 | 53952 | 54135 | 54228 | 54424 | 54481 | 54562 | 54817 | 54922 | 54981 |
| 53128 | 53562 | 53783 | 53953 | 54136 | 54229 | 54425 | 54482 | 54564 | 54821 | 54923 | 54982 |
| 53138 | 53563 | 53784 | 53954 | 54138 | 54230 | 54426 | 54484 | 54565 | 54822 | 54926 | 54983 |
| 53147 | 53571 | 53785 | 53955 | 54139 | 54232 | 54428 | 54485 | 54566 | 54826 | 54927 | 54984 |
| 53148 | 53572 | 53786 | 53957 | 54140 | 54234 | 54429 | 54487 | 54568 | 54827 | 54929 | 54985 |
| 53157 | 53575 | 53788 | 53958 | 54141 | 54235 | 54430 | 54488 | 54613 | 54828 | 54930 | 54986 |
| 53176 | 53576 | 53790 | 53959 | 54143 | 54240 | 54433 | 54489 | 54618 | 54829 | 54931 | 54990 |
| 53184 | 53577 | 53791 | 53960 | 54149 | 54241 | 54435 | 54490 | 54637 | 54832 | 54932 | |
| 53190 | 53578 | 53792 | 53961 | 54150 | 54245 | 54436 | 54491 | 54641 | 54835 | 54933 | |
| 53191 | 53583 | 53793 | 53962 | 54151 | 54246 | 54437 | 54492 | 54646 | 54839 | 54935 | |
| 53195 | 53585 | 53794 | 53964 | 54152 | 54247 | 54440 | 54493 | 54701 | 54841 | 54936 | |
| 53501 | 53586 | 53803 | 53965 | 54153 | 54301 | 54441 | 54494 | 54702 | 54843 | 54937 | |
| 53504 | 53587 | 53901 | 53968 | 54154 | 54302 | 54442 | 54495 | 54703 | 54844 | 54940 | |

Cover Page - Rates for Wisconsin Plans and Rates

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

| | Basic Plan (MW) | Basic Plan w/Co-Pay (NW) | Rider 1 (OW) | Rider 2 (PW) | Rider 3 ¹ (QW) | Rider 4 (SW) |
|---|--------------------|--------------------------------|-----------------|-----------------|------------------------------|-----------------|
| Benefits | | | | | | |
| Part A (Hospitalization) co-insurance plus 365 additional hospital days after Medicare benefits end | ✓ | ✓ | | | | |
| Part B (Medical) co-insurance or co-payments | ✓ | Co-pay ² | | | | |
| Blood first 3 pints each year (Medicare pays costs after 3 pints) | ✓ | ✓ | | | | |
| Hospice Care co-insurance | ✓ | ✓ | | | | |
| Skilled Nursing Facility Care co-insurance | ✓ | ✓ | | | | |
| Part A Deductible | | | ✓ | 50% | | |
| Part B Annual Deductible | | | | | ✓ | |
| Part B Excess Charges | | | ✓ | ✓ | | |
| Foreign Travel emergency care | | | ✓ | ✓ | | |
| Home Health Care 40 visits | ✓ | ✓ | | | | |
| Home Health Care 365 visits, less any visits paid by Medicare | | | | | | ✓ |

1 NOTE: Rider 3 is only available with the Basic Plan and only available to applicants eligible for Medicare prior to 1/1/2020.

2 NOTE: Up to \$20 co-pay for office visits and up to \$50 co-pay for ER.

Cover Page - Rates for Wisconsin - Area 3 Female Non-Tobacco Plan Rates

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

| Group 1 | | | Applies to individuals whose plan effective date will be within fifteen years following their 65th birthday or Medicare Part B effective date, if later. | | | | |
|---|------------|-----------------|--|---------------------------|---------------------------|---------------------------|---------------------------|
| Age ¹ | Plan Rates | Basic Plan (MW) | Basic Plan w/Co-Pay (NW) | Rider 1 ^A (OW) | Rider 2 ^B (PW) | Rider 3 ^C (QW) | Rider 4 ^D (SW) |
| Standard Rates with Enrollment Discount ² for individuals ages 65-85 whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application. ³ | | | | | | | |
| 65 | monthly | \$134.38 | \$91.99 | \$13.47 | \$6.73 | \$12.49 | \$1.22 |
| 65 | yearly | \$1,612.56 | \$1,103.88 | \$161.64 | \$80.76 | \$149.88 | \$14.64 |
| 66 | monthly | \$134.38 | \$91.99 | \$13.47 | \$6.73 | \$12.49 | \$1.22 |
| 66 | yearly | \$1,612.56 | \$1,103.88 | \$161.64 | \$80.76 | \$149.88 | \$14.64 |
| 67 | monthly | \$134.38 | \$91.99 | \$13.47 | \$6.73 | \$12.49 | \$1.22 |
| 67 | yearly | \$1,612.56 | \$1,103.88 | \$161.64 | \$80.76 | \$149.88 | \$14.64 |
| 68 | monthly | \$139.86 | \$95.75 | \$14.02 | \$7.01 | \$13.00 | \$1.27 |
| 68 | yearly | \$1,678.32 | \$1,149.00 | \$168.24 | \$84.12 | \$156.00 | \$15.24 |
| 69 | monthly | \$145.35 | \$99.50 | \$14.57 | \$7.28 | \$13.51 | \$1.32 |
| 69 | yearly | \$1,744.20 | \$1,194.00 | \$174.84 | \$87.36 | \$162.12 | \$15.84 |
| 70 | monthly | \$150.83 | \$103.26 | \$15.12 | \$7.56 | \$14.02 | \$1.37 |
| 70 | yearly | \$1,809.96 | \$1,239.12 | \$181.44 | \$90.72 | \$168.24 | \$16.44 |
| 71 | monthly | \$156.32 | \$107.01 | \$15.67 | \$7.83 | \$14.53 | \$1.42 |
| 71 | yearly | \$1,875.84 | \$1,284.12 | \$188.04 | \$93.96 | \$174.36 | \$17.04 |
| 72 | monthly | \$161.80 | \$110.77 | \$16.22 | \$8.11 | \$15.04 | \$1.47 |
| 72 | yearly | \$1,941.60 | \$1,329.24 | \$194.64 | \$97.32 | \$180.48 | \$17.64 |
| 73 | monthly | \$167.29 | \$114.52 | \$16.77 | \$8.38 | \$15.55 | \$1.52 |
| 73 | yearly | \$2,007.48 | \$1,374.24 | \$201.24 | \$100.56 | \$186.60 | \$18.24 |
| 74 | monthly | \$175.52 | \$120.16 | \$17.60 | \$8.80 | \$16.32 | \$1.60 |
| 74 | yearly | \$2,106.24 | \$1,441.92 | \$211.20 | \$105.60 | \$195.84 | \$19.20 |
| 75 | monthly | \$183.74 | \$125.79 | \$18.42 | \$9.21 | \$17.08 | \$1.67 |
| 75 | yearly | \$2,204.88 | \$1,509.48 | \$221.04 | \$110.52 | \$204.96 | \$20.04 |
| 76 | monthly | \$191.97 | \$131.42 | \$19.25 | \$9.62 | \$17.85 | \$1.75 |
| 76 | yearly | \$2,303.64 | \$1,577.04 | \$231.00 | \$115.44 | \$214.20 | \$21.00 |
| 77 | monthly | \$200.20 | \$137.05 | \$20.07 | \$10.03 | \$18.61 | \$1.82 |
| 77 | yearly | \$2,402.40 | \$1,644.60 | \$240.84 | \$120.36 | \$223.32 | \$21.84 |
| 78 | monthly | \$208.43 | \$142.69 | \$20.90 | \$10.45 | \$19.38 | \$1.90 |
| 78 | yearly | \$2,501.16 | \$1,712.28 | \$250.80 | \$125.40 | \$232.56 | \$22.80 |
| 79 | monthly | \$216.65 | \$148.32 | \$21.72 | \$10.86 | \$20.14 | \$1.97 |
| 79 | yearly | \$2,599.80 | \$1,779.84 | \$260.64 | \$130.32 | \$241.68 | \$23.64 |
| 80 | monthly | \$224.88 | \$153.95 | \$22.55 | \$11.27 | \$20.91 | \$2.05 |
| 80 | yearly | \$2,698.56 | \$1,847.40 | \$270.60 | \$135.24 | \$250.92 | \$24.60 |
| 81 | monthly | \$233.11 | \$159.58 | \$23.37 | \$11.68 | \$21.67 | \$2.12 |
| 81 | yearly | \$2,797.32 | \$1,914.96 | \$280.44 | \$140.16 | \$260.04 | \$25.44 |

The rates above are for plan effective dates from June 2024 - May 2025 and may change.

Cover Page - Rates for Wisconsin - Area 3 Female Non-Tobacco Plan Rates

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

| Group 1 | | | Applies to individuals whose plan effective date will be within fifteen years following their 65th birthday or Medicare Part B effective date, if later. | | | | |
|---|------------|-----------------|--|---------------------------|---------------------------|---------------------------|---------------------------|
| Age ¹ | Plan Rates | Basic Plan (MW) | Basic Plan w/Co-Pay (NW) | Rider 1 ^A (OW) | Rider 2 ^B (PW) | Rider 3 ^C (QW) | Rider 4 ^D (SW) |
| Standard Rates with Enrollment Discount² for individuals ages 65-85 whose acceptance is guaranteed or who do not have any of the medical conditions on the application.³ | | | | | | | |
| 82 | monthly | \$241.34 | \$165.22 | \$24.20 | \$12.10 | \$22.44 | \$2.20 |
| 82 | yearly | \$2,896.08 | \$1,982.64 | \$290.40 | \$145.20 | \$269.28 | \$26.40 |
| 83 | monthly | \$249.56 | \$170.85 | \$25.02 | \$12.51 | \$23.20 | \$2.27 |
| 83 | yearly | \$2,994.72 | \$2,050.20 | \$300.24 | \$150.12 | \$278.40 | \$27.24 |
| 84 | monthly | \$257.79 | \$176.48 | \$25.85 | \$12.92 | \$23.97 | \$2.35 |
| 84 | yearly | \$3,093.48 | \$2,117.76 | \$310.20 | \$155.04 | \$287.64 | \$28.20 |
| 85 | monthly | \$266.02 | \$182.11 | \$26.67 | \$13.33 | \$24.73 | \$2.42 |
| 85 | yearly | \$3,192.24 | \$2,185.32 | \$320.04 | \$159.96 | \$296.76 | \$29.04 |
| Standard Rates for ages 86 and older whose acceptance is guaranteed or who do not have any of the medical conditions on the application.³ | | | | | | | |
| 86+ | monthly | \$274.25 | \$187.75 | \$27.50 | \$13.75 | \$25.50 | \$2.50 |
| 86+ | yearly | \$3,291.00 | \$2,253.00 | \$330.00 | \$165.00 | \$306.00 | \$30.00 |
| Level 2 Rates for individuals ages 65 and older whose acceptance is not guaranteed and who have one or more of the medical conditions on the application.³ | | | | | | | |
| 65+ | monthly | \$411.37 | \$337.95 | \$41.25 | \$20.62 | \$38.25 | \$3.75 |
| 65+ | yearly | \$4,936.44 | \$4,055.40 | \$495.00 | \$247.44 | \$459.00 | \$45.00 |

| Group 2 | | | Applies to individuals whose plan effective date will be fifteen or more years following their 65th birthday or Medicare Part B effective date, if later. | | | | |
|--|------------|-----------------|---|---------------------------|---------------------------|---------------------------|---------------------------|
| Age ¹ | Plan Rates | Basic Plan (MW) | Basic Plan w/Co-Pay (NW) | Rider 1 ^A (OW) | Rider 2 ^B (PW) | Rider 3 ^C (QW) | Rider 4 ^D (SW) |
| Level 1 Rates for individuals ages 80 and older whose acceptance is guaranteed or who do not have any of the medical conditions on the application.³ | | | | | | | |
| 80+ | monthly | \$301.67 | \$206.52 | \$30.25 | \$15.12 | \$28.05 | \$2.75 |
| 80+ | yearly | \$3,620.04 | \$2,478.24 | \$363.00 | \$181.44 | \$336.60 | \$33.00 |
| Level 2 Rates for individuals ages 80 and older whose acceptance is not guaranteed and who have one or more of the medical conditions on the application.³ | | | | | | | |
| 80+ | monthly | \$411.37 | \$337.95 | \$41.25 | \$20.62 | \$38.25 | \$3.75 |
| 80+ | yearly | \$4,936.44 | \$4,055.40 | \$495.00 | \$247.44 | \$459.00 | \$45.00 |

The rates above are for plan effective dates from June 2024 - May 2025 and may change.

Cover Page - Rates for Wisconsin - Area 3 Female Tobacco Plan Rates

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

| Group 1 | | | Applies to individuals whose plan effective date will be within fifteen years following their 65th birthday or Medicare Part B effective date, if later. | | | | |
|---|------------|-----------------|--|---------------------------|---------------------------|---------------------------|---------------------------|
| Age ¹ | Plan Rates | Basic Plan (MW) | Basic Plan w/Co-Pay (NW) | Rider 1 ^A (OW) | Rider 2 ^B (PW) | Rider 3 ^C (QW) | Rider 4 ^D (SW) |
| Standard Rates with Enrollment Discount ² for individuals ages 65-85 whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application. ³ | | | | | | | |
| 65 | monthly | \$147.81 | \$101.19 | \$14.82 | \$7.40 | \$13.74 | \$1.34 |
| 65 | yearly | \$1,773.72 | \$1,214.28 | \$177.84 | \$88.80 | \$164.88 | \$16.08 |
| 66 | monthly | \$147.81 | \$101.19 | \$14.82 | \$7.40 | \$13.74 | \$1.34 |
| 66 | yearly | \$1,773.72 | \$1,214.28 | \$177.84 | \$88.80 | \$164.88 | \$16.08 |
| 67 | monthly | \$147.81 | \$101.19 | \$14.82 | \$7.40 | \$13.74 | \$1.34 |
| 67 | yearly | \$1,773.72 | \$1,214.28 | \$177.84 | \$88.80 | \$164.88 | \$16.08 |
| 68 | monthly | \$153.85 | \$105.32 | \$15.42 | \$7.71 | \$14.30 | \$1.40 |
| 68 | yearly | \$1,846.20 | \$1,263.84 | \$185.04 | \$92.52 | \$171.60 | \$16.80 |
| 69 | monthly | \$159.88 | \$109.45 | \$16.03 | \$8.01 | \$14.86 | \$1.45 |
| 69 | yearly | \$1,918.56 | \$1,313.40 | \$192.36 | \$96.12 | \$178.32 | \$17.40 |
| 70 | monthly | \$165.91 | \$113.58 | \$16.63 | \$8.31 | \$15.42 | \$1.51 |
| 70 | yearly | \$1,990.92 | \$1,362.96 | \$199.56 | \$99.72 | \$185.04 | \$18.12 |
| 71 | monthly | \$171.95 | \$117.71 | \$17.24 | \$8.61 | \$15.98 | \$1.56 |
| 71 | yearly | \$2,063.40 | \$1,412.52 | \$206.88 | \$103.32 | \$191.76 | \$18.72 |
| 72 | monthly | \$177.98 | \$121.84 | \$17.84 | \$8.92 | \$16.54 | \$1.62 |
| 72 | yearly | \$2,135.76 | \$1,462.08 | \$214.08 | \$107.04 | \$198.48 | \$19.44 |
| 73 | monthly | \$184.01 | \$125.97 | \$18.45 | \$9.22 | \$17.11 | \$1.67 |
| 73 | yearly | \$2,208.12 | \$1,511.64 | \$221.40 | \$110.64 | \$205.32 | \$20.04 |
| 74 | monthly | \$193.06 | \$132.17 | \$19.36 | \$9.67 | \$17.95 | \$1.76 |
| 74 | yearly | \$2,316.72 | \$1,586.04 | \$232.32 | \$116.04 | \$215.40 | \$21.12 |
| 75 | monthly | \$202.11 | \$138.36 | \$20.26 | \$10.13 | \$18.79 | \$1.84 |
| 75 | yearly | \$2,425.32 | \$1,660.32 | \$243.12 | \$121.56 | \$225.48 | \$22.08 |
| 76 | monthly | \$211.16 | \$144.56 | \$21.17 | \$10.58 | \$19.63 | \$1.92 |
| 76 | yearly | \$2,533.92 | \$1,734.72 | \$254.04 | \$126.96 | \$235.56 | \$23.04 |
| 77 | monthly | \$220.21 | \$150.75 | \$22.08 | \$11.03 | \$20.47 | \$2.00 |
| 77 | yearly | \$2,642.52 | \$1,809.00 | \$264.96 | \$132.36 | \$245.64 | \$24.00 |
| 78 | monthly | \$229.26 | \$156.95 | \$22.99 | \$11.49 | \$21.31 | \$2.09 |
| 78 | yearly | \$2,751.12 | \$1,883.40 | \$275.88 | \$137.88 | \$255.72 | \$25.08 |
| 79 | monthly | \$238.31 | \$163.15 | \$23.89 | \$11.94 | \$22.15 | \$2.17 |
| 79 | yearly | \$2,859.72 | \$1,957.80 | \$286.68 | \$143.28 | \$265.80 | \$26.04 |
| 80 | monthly | \$247.36 | \$169.34 | \$24.80 | \$12.39 | \$23.00 | \$2.25 |
| 80 | yearly | \$2,968.32 | \$2,032.08 | \$297.60 | \$148.68 | \$276.00 | \$27.00 |
| 81 | monthly | \$256.41 | \$175.54 | \$25.71 | \$12.85 | \$23.84 | \$2.33 |
| 81 | yearly | \$3,076.92 | \$2,106.48 | \$308.52 | \$154.20 | \$286.08 | \$27.96 |

The rates above are for plan effective dates from June 2024 - May 2025 and may change.

Cover Page - Rates for Wisconsin - Area 3 Female Tobacco Plan Rates

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

| Group 1 | | | Applies to individuals whose plan effective date will be within fifteen years following their 65th birthday or Medicare Part B effective date, if later. | | | | |
|---|------------|-----------------|--|---------------------------|---------------------------|---------------------------|---------------------------|
| Age ¹ | Plan Rates | Basic Plan (MW) | Basic Plan w/Co-Pay (NW) | Rider 1 ^A (OW) | Rider 2 ^B (PW) | Rider 3 ^C (QW) | Rider 4 ^D (SW) |
| Standard Rates with Enrollment Discount² for individuals ages 65-85 whose acceptance is guaranteed or who do not have any of the medical conditions on the application.³ | | | | | | | |
| 82 | monthly | \$265.46 | \$181.73 | \$26.62 | \$13.30 | \$24.68 | \$2.42 |
| 82 | yearly | \$3,185.52 | \$2,180.76 | \$319.44 | \$159.60 | \$296.16 | \$29.04 |
| 83 | monthly | \$274.51 | \$187.93 | \$27.52 | \$13.75 | \$25.52 | \$2.50 |
| 83 | yearly | \$3,294.12 | \$2,255.16 | \$330.24 | \$165.00 | \$306.24 | \$30.00 |
| 84 | monthly | \$283.56 | \$194.12 | \$28.43 | \$14.21 | \$26.36 | \$2.58 |
| 84 | yearly | \$3,402.72 | \$2,329.44 | \$341.16 | \$170.52 | \$316.32 | \$30.96 |
| 85 | monthly | \$292.61 | \$200.32 | \$29.34 | \$14.66 | \$27.20 | \$2.66 |
| 85 | yearly | \$3,511.32 | \$2,403.84 | \$352.08 | \$175.92 | \$326.40 | \$31.92 |
| Standard Rates for ages 86 and older whose acceptance is guaranteed or who do not have any of the medical conditions on the application.³ | | | | | | | |
| 86+ | monthly | \$301.67 | \$206.52 | \$30.25 | \$15.12 | \$28.05 | \$2.75 |
| 86+ | yearly | \$3,620.04 | \$2,478.24 | \$363.00 | \$181.44 | \$336.60 | \$33.00 |
| Level 2 Rates for individuals ages 65 and older whose acceptance is not guaranteed and who have one or more of the medical conditions on the application.³ | | | | | | | |
| 65+ | monthly | \$452.50 | \$371.73 | \$45.37 | \$22.68 | \$42.07 | \$4.12 |
| 65+ | yearly | \$5,430.00 | \$4,460.76 | \$544.44 | \$272.16 | \$504.84 | \$49.44 |

| Group 2 | | | Applies to individuals whose plan effective date will be fifteen or more years following their 65th birthday or Medicare Part B effective date, if later. | | | | |
|--|------------|-----------------|---|---------------------------|---------------------------|---------------------------|---------------------------|
| Age ¹ | Plan Rates | Basic Plan (MW) | Basic Plan w/Co-Pay (NW) | Rider 1 ^A (OW) | Rider 2 ^B (PW) | Rider 3 ^C (QW) | Rider 4 ^D (SW) |
| Level 1 Rates for individuals ages 80 and older whose acceptance is guaranteed or who do not have any of the medical conditions on the application.³ | | | | | | | |
| 80+ | monthly | \$331.83 | \$227.17 | \$33.27 | \$16.63 | \$30.85 | \$3.02 |
| 80+ | yearly | \$3,981.96 | \$2,726.04 | \$399.24 | \$199.56 | \$370.20 | \$36.24 |
| Level 2 Rates for individuals ages 80 and older whose acceptance is not guaranteed and who have one or more of the medical conditions on the application.³ | | | | | | | |
| 80+ | monthly | \$452.50 | \$371.73 | \$45.37 | \$22.68 | \$42.07 | \$4.12 |
| 80+ | yearly | \$5,430.00 | \$4,460.76 | \$544.44 | \$272.16 | \$504.84 | \$49.44 |

The rates above are for plan effective dates from June 2024 - May 2025 and may change.

Cover Page - Rates for Wisconsin - Area 3 Male Non-Tobacco Plan Rates

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

| Group 1 | | | Applies to individuals whose plan effective date will be within fifteen years following their 65th birthday or Medicare Part B effective date, if later. | | | | |
|---|------------|-----------------|--|---------------------------|---------------------------|---------------------------|---------------------------|
| Age ¹ | Plan Rates | Basic Plan (MW) | Basic Plan w/Co-Pay (NW) | Rider 1 ^A (OW) | Rider 2 ^B (PW) | Rider 3 ^C (QW) | Rider 4 ^D (SW) |
| Standard Rates with Enrollment Discount ² for individuals ages 65-85 whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application. ³ | | | | | | | |
| 65 | monthly | \$151.53 | \$103.75 | \$15.19 | \$7.71 | \$14.21 | \$1.47 |
| 65 | yearly | \$1,818.36 | \$1,245.00 | \$182.28 | \$92.52 | \$170.52 | \$17.64 |
| 66 | monthly | \$151.53 | \$103.75 | \$15.19 | \$7.71 | \$14.21 | \$1.47 |
| 66 | yearly | \$1,818.36 | \$1,245.00 | \$182.28 | \$92.52 | \$170.52 | \$17.64 |
| 67 | monthly | \$151.53 | \$103.75 | \$15.19 | \$7.71 | \$14.21 | \$1.47 |
| 67 | yearly | \$1,818.36 | \$1,245.00 | \$182.28 | \$92.52 | \$170.52 | \$17.64 |
| 68 | monthly | \$157.71 | \$107.99 | \$15.81 | \$8.03 | \$14.79 | \$1.53 |
| 68 | yearly | \$1,892.52 | \$1,295.88 | \$189.72 | \$96.36 | \$177.48 | \$18.36 |
| 69 | monthly | \$163.90 | \$112.22 | \$16.43 | \$8.34 | \$15.37 | \$1.59 |
| 69 | yearly | \$1,966.80 | \$1,346.64 | \$197.16 | \$100.08 | \$184.44 | \$19.08 |
| 70 | monthly | \$170.08 | \$116.46 | \$17.05 | \$8.66 | \$15.95 | \$1.65 |
| 70 | yearly | \$2,040.96 | \$1,397.52 | \$204.60 | \$103.92 | \$191.40 | \$19.80 |
| 71 | monthly | \$176.27 | \$120.69 | \$17.67 | \$8.97 | \$16.53 | \$1.71 |
| 71 | yearly | \$2,115.24 | \$1,448.28 | \$212.04 | \$107.64 | \$198.36 | \$20.52 |
| 72 | monthly | \$182.45 | \$124.93 | \$18.29 | \$9.29 | \$17.11 | \$1.77 |
| 72 | yearly | \$2,189.40 | \$1,499.16 | \$219.48 | \$111.48 | \$205.32 | \$21.24 |
| 73 | monthly | \$188.64 | \$129.16 | \$18.91 | \$9.60 | \$17.69 | \$1.83 |
| 73 | yearly | \$2,263.68 | \$1,549.92 | \$226.92 | \$115.20 | \$212.28 | \$21.96 |
| 74 | monthly | \$197.92 | \$135.52 | \$19.84 | \$10.08 | \$18.56 | \$1.92 |
| 74 | yearly | \$2,375.04 | \$1,626.24 | \$238.08 | \$120.96 | \$222.72 | \$23.04 |
| 75 | monthly | \$207.19 | \$141.87 | \$20.77 | \$10.55 | \$19.43 | \$2.01 |
| 75 | yearly | \$2,486.28 | \$1,702.44 | \$249.24 | \$126.60 | \$233.16 | \$24.12 |
| 76 | monthly | \$216.47 | \$148.22 | \$21.70 | \$11.02 | \$20.30 | \$2.10 |
| 76 | yearly | \$2,597.64 | \$1,778.64 | \$260.40 | \$132.24 | \$243.60 | \$25.20 |
| 77 | monthly | \$225.75 | \$154.57 | \$22.63 | \$11.49 | \$21.17 | \$2.19 |
| 77 | yearly | \$2,709.00 | \$1,854.84 | \$271.56 | \$137.88 | \$254.04 | \$26.28 |
| 78 | monthly | \$235.03 | \$160.93 | \$23.56 | \$11.97 | \$22.04 | \$2.28 |
| 78 | yearly | \$2,820.36 | \$1,931.16 | \$282.72 | \$143.64 | \$264.48 | \$27.36 |
| 79 | monthly | \$244.30 | \$167.28 | \$24.49 | \$12.44 | \$22.91 | \$2.37 |
| 79 | yearly | \$2,931.60 | \$2,007.36 | \$293.88 | \$149.28 | \$274.92 | \$28.44 |
| 80 | monthly | \$253.58 | \$173.63 | \$25.42 | \$12.91 | \$23.78 | \$2.46 |
| 80 | yearly | \$3,042.96 | \$2,083.56 | \$305.04 | \$154.92 | \$285.36 | \$29.52 |
| 81 | monthly | \$262.86 | \$179.98 | \$26.35 | \$13.38 | \$24.65 | \$2.55 |
| 81 | yearly | \$3,154.32 | \$2,159.76 | \$316.20 | \$160.56 | \$295.80 | \$30.60 |

The rates above are for plan effective dates from June 2024 - May 2025 and may change.

Cover Page - Rates for Wisconsin - Area 3 Male Non-Tobacco Plan Rates

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

| Group 1 | | | Applies to individuals whose plan effective date will be within fifteen years following their 65th birthday or Medicare Part B effective date, if later. | | | | |
|---|------------|-----------------|--|---------------------------|---------------------------|---------------------------|---------------------------|
| Age ¹ | Plan Rates | Basic Plan (MW) | Basic Plan w/Co-Pay (NW) | Rider 1 ^A (OW) | Rider 2 ^B (PW) | Rider 3 ^C (QW) | Rider 4 ^D (SW) |
| Standard Rates with Enrollment Discount² for individuals ages 65-85 whose acceptance is guaranteed or who do not have any of the medical conditions on the application.³ | | | | | | | |
| 82 | monthly | \$272.14 | \$186.34 | \$27.28 | \$13.86 | \$25.52 | \$2.64 |
| 82 | yearly | \$3,265.68 | \$2,236.08 | \$327.36 | \$166.32 | \$306.24 | \$31.68 |
| 83 | monthly | \$281.41 | \$192.69 | \$28.21 | \$14.33 | \$26.39 | \$2.73 |
| 83 | yearly | \$3,376.92 | \$2,312.28 | \$338.52 | \$171.96 | \$316.68 | \$32.76 |
| 84 | monthly | \$290.69 | \$199.04 | \$29.14 | \$14.80 | \$27.26 | \$2.82 |
| 84 | yearly | \$3,488.28 | \$2,388.48 | \$349.68 | \$177.60 | \$327.12 | \$33.84 |
| 85 | monthly | \$299.97 | \$205.39 | \$30.07 | \$15.27 | \$28.13 | \$2.91 |
| 85 | yearly | \$3,599.64 | \$2,464.68 | \$360.84 | \$183.24 | \$337.56 | \$34.92 |
| Standard Rates for ages 86 and older whose acceptance is guaranteed or who do not have any of the medical conditions on the application.³ | | | | | | | |
| 86+ | monthly | \$309.25 | \$211.75 | \$31.00 | \$15.75 | \$29.00 | \$3.00 |
| 86+ | yearly | \$3,711.00 | \$2,541.00 | \$372.00 | \$189.00 | \$348.00 | \$36.00 |
| Level 2 Rates for individuals ages 65 and older whose acceptance is not guaranteed and who have one or more of the medical conditions on the application.³ | | | | | | | |
| 65+ | monthly | \$463.87 | \$381.15 | \$46.50 | \$23.62 | \$43.50 | \$4.50 |
| 65+ | yearly | \$5,566.44 | \$4,573.80 | \$558.00 | \$283.44 | \$522.00 | \$54.00 |

| Group 2 | | | Applies to individuals whose plan effective date will be fifteen or more years following their 65th birthday or Medicare Part B effective date, if later. | | | | |
|--|------------|-----------------|---|---------------------------|---------------------------|---------------------------|---------------------------|
| Age ¹ | Plan Rates | Basic Plan (MW) | Basic Plan w/Co-Pay (NW) | Rider 1 ^A (OW) | Rider 2 ^B (PW) | Rider 3 ^C (QW) | Rider 4 ^D (SW) |
| Level 1 Rates for individuals ages 80 and older whose acceptance is guaranteed or who do not have any of the medical conditions on the application.³ | | | | | | | |
| 80+ | monthly | \$340.17 | \$232.92 | \$34.10 | \$17.32 | \$31.90 | \$3.30 |
| 80+ | yearly | \$4,082.04 | \$2,795.04 | \$409.20 | \$207.84 | \$382.80 | \$39.60 |
| Level 2 Rates for individuals ages 80 and older whose acceptance is not guaranteed and who have one or more of the medical conditions on the application.³ | | | | | | | |
| 80+ | monthly | \$463.87 | \$381.15 | \$46.50 | \$23.62 | \$43.50 | \$4.50 |
| 80+ | yearly | \$5,566.44 | \$4,573.80 | \$558.00 | \$283.44 | \$522.00 | \$54.00 |

The rates above are for plan effective dates from June 2024 - May 2025 and may change.

Cover Page - Rates for Wisconsin - Area 3 Male Tobacco Plan Rates

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

| Group 1 | | | Applies to individuals whose plan effective date will be within fifteen years following their 65th birthday or Medicare Part B effective date, if later. | | | | |
|---|------------|-----------------|--|---------------------------|---------------------------|---------------------------|---------------------------|
| Age ¹ | Plan Rates | Basic Plan (MW) | Basic Plan w/Co-Pay (NW) | Rider 1 ^A (OW) | Rider 2 ^B (PW) | Rider 3 ^C (QW) | Rider 4 ^D (SW) |
| Standard Rates with Enrollment Discount ² for individuals ages 65-85 whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application. ³ | | | | | | | |
| 65 | monthly | \$166.68 | \$114.13 | \$16.70 | \$8.48 | \$15.63 | \$1.61 |
| 65 | yearly | \$2,000.16 | \$1,369.56 | \$200.40 | \$101.76 | \$187.56 | \$19.32 |
| 66 | monthly | \$166.68 | \$114.13 | \$16.70 | \$8.48 | \$15.63 | \$1.61 |
| 66 | yearly | \$2,000.16 | \$1,369.56 | \$200.40 | \$101.76 | \$187.56 | \$19.32 |
| 67 | monthly | \$166.68 | \$114.13 | \$16.70 | \$8.48 | \$15.63 | \$1.61 |
| 67 | yearly | \$2,000.16 | \$1,369.56 | \$200.40 | \$101.76 | \$187.56 | \$19.32 |
| 68 | monthly | \$173.48 | \$118.78 | \$17.39 | \$8.83 | \$16.26 | \$1.68 |
| 68 | yearly | \$2,081.76 | \$1,425.36 | \$208.68 | \$105.96 | \$195.12 | \$20.16 |
| 69 | monthly | \$180.29 | \$123.44 | \$18.07 | \$9.17 | \$16.90 | \$1.74 |
| 69 | yearly | \$2,163.48 | \$1,481.28 | \$216.84 | \$110.04 | \$202.80 | \$20.88 |
| 70 | monthly | \$187.09 | \$128.10 | \$18.75 | \$9.52 | \$17.54 | \$1.81 |
| 70 | yearly | \$2,245.08 | \$1,537.20 | \$225.00 | \$114.24 | \$210.48 | \$21.72 |
| 71 | monthly | \$193.89 | \$132.76 | \$19.43 | \$9.87 | \$18.18 | \$1.88 |
| 71 | yearly | \$2,326.68 | \$1,593.12 | \$233.16 | \$118.44 | \$218.16 | \$22.56 |
| 72 | monthly | \$200.70 | \$137.42 | \$20.11 | \$10.21 | \$18.82 | \$1.94 |
| 72 | yearly | \$2,408.40 | \$1,649.04 | \$241.32 | \$122.52 | \$225.84 | \$23.28 |
| 73 | monthly | \$207.50 | \$142.08 | \$20.80 | \$10.56 | \$19.45 | \$2.01 |
| 73 | yearly | \$2,490.00 | \$1,704.96 | \$249.60 | \$126.72 | \$233.40 | \$24.12 |
| 74 | monthly | \$217.70 | \$149.06 | \$21.82 | \$11.08 | \$20.41 | \$2.11 |
| 74 | yearly | \$2,612.40 | \$1,788.72 | \$261.84 | \$132.96 | \$244.92 | \$25.32 |
| 75 | monthly | \$227.91 | \$156.05 | \$22.84 | \$11.60 | \$21.37 | \$2.21 |
| 75 | yearly | \$2,734.92 | \$1,872.60 | \$274.08 | \$139.20 | \$256.44 | \$26.52 |
| 76 | monthly | \$238.11 | \$163.04 | \$23.87 | \$12.12 | \$22.33 | \$2.31 |
| 76 | yearly | \$2,857.32 | \$1,956.48 | \$286.44 | \$145.44 | \$267.96 | \$27.72 |
| 77 | monthly | \$248.32 | \$170.03 | \$24.89 | \$12.64 | \$23.28 | \$2.40 |
| 77 | yearly | \$2,979.84 | \$2,040.36 | \$298.68 | \$151.68 | \$279.36 | \$28.80 |
| 78 | monthly | \$258.52 | \$177.01 | \$25.91 | \$13.16 | \$24.24 | \$2.50 |
| 78 | yearly | \$3,102.24 | \$2,124.12 | \$310.92 | \$157.92 | \$290.88 | \$30.00 |
| 79 | monthly | \$268.73 | \$184.00 | \$26.93 | \$13.68 | \$25.20 | \$2.60 |
| 79 | yearly | \$3,224.76 | \$2,208.00 | \$323.16 | \$164.16 | \$302.40 | \$31.20 |
| 80 | monthly | \$278.93 | \$190.99 | \$27.96 | \$14.20 | \$26.15 | \$2.70 |
| 80 | yearly | \$3,347.16 | \$2,291.88 | \$335.52 | \$170.40 | \$313.80 | \$32.40 |
| 81 | monthly | \$289.14 | \$197.98 | \$28.98 | \$14.72 | \$27.11 | \$2.80 |
| 81 | yearly | \$3,469.68 | \$2,375.76 | \$347.76 | \$176.64 | \$325.32 | \$33.60 |

The rates above are for plan effective dates from June 2024 - May 2025 and may change.

Cover Page - Rates for Wisconsin - Area 3 Male Tobacco Plan Rates

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

| Group 1 | | | Applies to individuals whose plan effective date will be within fifteen years following their 65th birthday or Medicare Part B effective date, if later. | | | | |
|---|------------|-----------------|--|---------------------------|---------------------------|---------------------------|---------------------------|
| Age ¹ | Plan Rates | Basic Plan (MW) | Basic Plan w/Co-Pay (NW) | Rider 1 ^A (OW) | Rider 2 ^B (PW) | Rider 3 ^C (QW) | Rider 4 ^D (SW) |
| Standard Rates with Enrollment Discount² for individuals ages 65-85 whose acceptance is guaranteed or who do not have any of the medical conditions on the application.³ | | | | | | | |
| 82 | monthly | \$299.34 | \$204.96 | \$30.00 | \$15.24 | \$28.07 | \$2.90 |
| 82 | yearly | \$3,592.08 | \$2,459.52 | \$360.00 | \$182.88 | \$336.84 | \$34.80 |
| 83 | monthly | \$309.55 | \$211.95 | \$31.03 | \$15.76 | \$29.02 | \$3.00 |
| 83 | yearly | \$3,714.60 | \$2,543.40 | \$372.36 | \$189.12 | \$348.24 | \$36.00 |
| 84 | monthly | \$319.75 | \$218.94 | \$32.05 | \$16.28 | \$29.98 | \$3.10 |
| 84 | yearly | \$3,837.00 | \$2,627.28 | \$384.60 | \$195.36 | \$359.76 | \$37.20 |
| 85 | monthly | \$329.96 | \$225.93 | \$33.07 | \$16.80 | \$30.94 | \$3.20 |
| 85 | yearly | \$3,959.52 | \$2,711.16 | \$396.84 | \$201.60 | \$371.28 | \$38.40 |
| Standard Rates for ages 86 and older whose acceptance is guaranteed or who do not have any of the medical conditions on the application.³ | | | | | | | |
| 86+ | monthly | \$340.17 | \$232.92 | \$34.10 | \$17.32 | \$31.90 | \$3.30 |
| 86+ | yearly | \$4,082.04 | \$2,795.04 | \$409.20 | \$207.84 | \$382.80 | \$39.60 |
| Level 2 Rates for individuals ages 65 and older whose acceptance is not guaranteed and who have one or more of the medical conditions on the application.³ | | | | | | | |
| 65+ | monthly | \$510.25 | \$419.25 | \$51.15 | \$25.98 | \$47.85 | \$4.95 |
| 65+ | yearly | \$6,123.00 | \$5,031.00 | \$613.80 | \$311.76 | \$574.20 | \$59.40 |

| Group 2 | | | Applies to individuals whose plan effective date will be fifteen or more years following their 65th birthday or Medicare Part B effective date, if later. | | | | |
|--|------------|-----------------|---|---------------------------|---------------------------|---------------------------|---------------------------|
| Age ¹ | Plan Rates | Basic Plan (MW) | Basic Plan w/Co-Pay (NW) | Rider 1 ^A (OW) | Rider 2 ^B (PW) | Rider 3 ^C (QW) | Rider 4 ^D (SW) |
| Level 1 Rates for individuals ages 80 and older whose acceptance is guaranteed or who do not have any of the medical conditions on the application.³ | | | | | | | |
| 80+ | monthly | \$374.18 | \$256.21 | \$37.51 | \$19.05 | \$35.09 | \$3.63 |
| 80+ | yearly | \$4,490.16 | \$3,074.52 | \$450.12 | \$228.60 | \$421.08 | \$43.56 |
| Level 2 Rates for individuals ages 80 and older whose acceptance is not guaranteed and who have one or more of the medical conditions on the application.³ | | | | | | | |
| 80+ | monthly | \$510.25 | \$419.25 | \$51.15 | \$25.98 | \$47.85 | \$4.95 |
| 80+ | yearly | \$6,123.00 | \$5,031.00 | \$613.80 | \$311.76 | \$574.20 | \$59.40 |

The rates above are for plan effective dates from June 2024 - May 2025 and may change.

Cover Page - Rates for Wisconsin - Area 3 Under 65 Plan Rates

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

| Group 3 | | | Applies to individuals age 50-64 who are eligible for Medicare. | | | | |
|---------------------------------|------------|-----------------|---|---------------------------|---------------------------|---------------------------|---------------------------|
| Age ¹ | Plan Rates | Basic Plan (MW) | Basic Plan w/Co-Pay (NW) | Rider 1 ^A (OW) | Rider 2 ^B (PW) | Rider 3 ^C (QW) | Rider 4 ^D (SW) |
| Female Non-Tobacco Rates | | | | | | | |
| 50-64 | monthly | \$685.75 | \$469.50 | \$68.75 | \$34.50 | \$63.75 | \$6.25 |
| 50-64 | yearly | \$8,229.00 | \$5,634.00 | \$825.00 | \$414.00 | \$765.00 | \$75.00 |
| Female Tobacco Rates | | | | | | | |
| 50-64 | monthly | \$754.32 | \$516.45 | \$75.62 | \$37.95 | \$70.12 | \$6.87 |
| 50-64 | yearly | \$9,051.84 | \$6,197.40 | \$907.44 | \$455.40 | \$841.44 | \$82.44 |
| Male Non-Tobacco Rates | | | | | | | |
| 50-64 | monthly | \$773.25 | \$529.50 | \$77.50 | \$39.50 | \$72.50 | \$7.50 |
| 50-64 | yearly | \$9,279.00 | \$6,354.00 | \$930.00 | \$474.00 | \$870.00 | \$90.00 |
| Male Tobacco Rates | | | | | | | |
| 50-64 | monthly | \$850.57 | \$582.45 | \$85.25 | \$43.45 | \$79.75 | \$8.25 |
| 50-64 | yearly | \$10,206.84 | \$6,989.40 | \$1,023.00 | \$521.40 | \$957.00 | \$99.00 |

The rates above are for plan effective dates from June 2024 - May 2025 and may change.

A Benefits for Part A Deductible, Part B Excess Charges, and Foreign Travel Emergency

B Benefits for 50% of Part A Deductible, Part B Excess Charges, and Foreign Travel Emergency

C Benefits for Part B Deductible - This benefit is provided by Certificate Rider 3. This rider is only available with the Basic Plan and only available to applicants eligible for Medicare prior to 1/1/2020.

D Additional Benefits for Home Health Care

1 Your age as of your plan effective date.

2 **The Enrollment Discount** is available to applicants age 65 to 85. You may qualify for an Enrollment Discount based on your age and your Medicare Part B effective date. If you are eligible, the discounted rates will be shown.

Who is eligible

You are eligible for the enrollment discount if you are between the ages of 65 and 85 and your plan effective date is within fifteen years following your 65th birthday or Medicare Part B effective date, if later, and you do not have any medical conditions on the application that would qualify you for a Level 2 rate.

The Level 2 rates do not apply to individuals who meet Medigap Open Enrollment or Guaranteed Issue.

How it works

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 is 51% at ages 65 through 67. The discount percentage reduces 2% each year on the anniversary date of your plan from age 68 to age 73 and then reduces by 3% each year from age 74 until the discount reaches 0% on the anniversary date of your plan on or after age 86.

3 Refer to the application for medical conditions that would qualify you for the Level 2 rate.

WISCONSIN Area 3 ZIP Codes

The ZIP Codes Below Apply to Rates Included on the Page Headed "Cover Page – Rates"

| | | | | | |
|-------|-------|-------|-------|-------|-------|
| 53003 | 53553 | 53963 | 54527 | 54651 | 54767 |
| 53006 | 53554 | 54001 | 54530 | 54652 | 54770 |
| 53014 | 53556 | 54003 | 54537 | 54653 | 54772 |
| 53016 | 53557 | 54004 | 54546 | 54654 | 54773 |
| 53032 | 53565 | 54005 | 54552 | 54655 | 54806 |
| 53034 | 53566 | 54006 | 54555 | 54656 | 54810 |
| 53035 | 53569 | 54009 | 54556 | 54657 | 54819 |
| 53036 | 53570 | 54011 | 54563 | 54658 | 54820 |
| 53038 | 53573 | 54014 | 54601 | 54659 | 54824 |
| 53039 | 53574 | 54020 | 54602 | 54660 | 54830 |
| 53047 | 53579 | 54021 | 54603 | 54661 | 54836 |
| 53048 | 53580 | 54022 | 54610 | 54662 | 54837 |
| 53050 | 53581 | 54024 | 54611 | 54664 | 54838 |
| 53059 | 53582 | 54026 | 54612 | 54665 | 54840 |
| 53061 | 53584 | 54107 | 54614 | 54666 | 54842 |
| 53062 | 53594 | 54110 | 54615 | 54667 | 54845 |
| 53078 | 53595 | 54111 | 54616 | 54669 | 54846 |
| 53088 | 53801 | 54123 | 54619 | 54670 | 54848 |
| 53091 | 53802 | 54127 | 54620 | 54723 | 54849 |
| 53094 | 53804 | 54128 | 54621 | 54725 | 54850 |
| 53098 | 53805 | 54129 | 54622 | 54730 | 54853 |
| 53099 | 53806 | 54137 | 54623 | 54731 | 54854 |
| 53137 | 53807 | 54160 | 54624 | 54734 | 54855 |
| 53156 | 53808 | 54166 | 54625 | 54735 | 54858 |
| 53178 | 53809 | 54169 | 54626 | 54737 | 54861 |
| 53502 | 53810 | 54201 | 54627 | 54738 | 54864 |
| 53503 | 53811 | 54205 | 54628 | 54739 | 54872 |
| 53506 | 53812 | 54216 | 54629 | 54740 | 54873 |
| 53507 | 53813 | 54217 | 54630 | 54743 | 54874 |
| 53518 | 53816 | 54408 | 54631 | 54747 | 54880 |
| 53520 | 53817 | 54414 | 54632 | 54749 | 54890 |
| 53521 | 53818 | 54416 | 54634 | 54750 | 54893 |
| 53522 | 53820 | 54427 | 54635 | 54751 | 54895 |
| 53526 | 53821 | 54450 | 54636 | 54754 | 54928 |
| 53533 | 53824 | 54459 | 54638 | 54755 | 54948 |
| 53535 | 53825 | 54486 | 54639 | 54756 | 54978 |
| 53538 | 53826 | 54499 | 54642 | 54758 | |
| 53540 | 53827 | 54513 | 54643 | 54760 | |
| 53543 | 53916 | 54514 | 54644 | 54761 | |
| 53544 | 53922 | 54515 | 54645 | 54763 | |
| 53549 | 53924 | 54517 | 54648 | 54764 | |
| 53550 | 53933 | 54524 | 54649 | 54765 | |
| 53551 | 53956 | 54526 | 54650 | 54766 | |

