

Plan Comparison Guide

Compare benefits of each of the AARP® Medicare Supplement Insurance Plans available in your state.

A check mark (✓) means 100% of this benefit is paid. Otherwise, the plan pays the percentage shown.

Available AARP Medicare Supplement Plans and Benefits

	← Most to least comprehensive →						Medicare first eligible before 2020 only	
BASIC BENEFITS	Plan G	Plan N	Plan L	Plan K	Plan B	Plan A	Plan F	Plan C
Hospitalization: Medicare Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.	✓	✓	✓	✓	✓	✓	✓	✓
Medical Expenses: Medicare Part B coinsurance (generally 20% of Medicare-approved expenses) or copayments for hospital outpatient services. Plans K, L, and N require insured to pay a portion of Part B coinsurance or copayments.	✓	✓ ¹ copays apply	75%	50%	✓	✓	✓	✓
Blood: First 3 pints of blood each year.	✓	✓	75%	50%	✓	✓	✓	✓
Hospice Care: Part A coinsurance or copayment.	✓	✓	75%	50%	✓	✓	✓	✓
ADDITIONAL BENEFITS								
Skilled Nursing Facility Care coinsurance	✓	✓	75%	50%			✓	✓
Medicare Part A Deductible	✓	✓	75%	50%	✓		✓	✓
Medicare Part B Deductible							✓	✓
Medicare Part B Excess Charges	✓						✓	
Foreign Travel emergency care ² (up to plan limits)	✓	✓					✓	✓
Annual Out-Of-Pocket ³ spending limit			\$3,530 ³	\$7,060 ³				

¹ Note: Plan N pays 100% of the Part B co-insurance, except for a co-pay of up to \$20 for some office visits and up to a \$50 co-pay for emergency room visits that don't result in an inpatient admission.

² Benefit is 80% and beneficiaries are responsible for 20% after the \$250 annual deductible with a \$50,000 lifetime maximum. Benefits are defined as medically necessary emergency care services beginning during the first 60 days of each trip outside the U.S.

³ For Plans K and L, after you meet your out-of-pocket yearly limit and your yearly Part B deductible (\$240 in 2024), the Medicare supplement plan pays 100% of covered services for the rest of the calendar year.

Benefits and costs vary depending on the plan you choose.

Learn more about the cost considerations for Medicare supplement plans.

Plans A and B: Lower Benefits, Higher Out-of-Pocket

Medicare Supplement Plan A offers just the Basic Benefits while Plan B covers Basic Benefits plus a benefit for the Medicare Part A deductible. The Medicare Part A deductible could be one of your largest out-of-pocket expenses if you need to spend time in a hospital. Plans A and B generally have higher out-of-pocket costs for things like Skilled Nursing Facility Coinsurance, Medicare Part B Excess Charges, and Foreign Travel Emergency Care.

Plans C[†], F[†] and G: Higher Benefit Level, Higher Premium

Plans C, F and G offer the most supplemental coverage, paying many of your out-of-pocket costs for Medicare-approved services. Consider one of these plans if you are willing to pay a monthly premium that is typically higher in exchange for more covered benefits and lower out-of-pocket costs.

†You may only apply for plans C and F if you were first eligible for Medicare before 2020.

Plans K and L: Lower Premium, Cost Sharing

Plans K and L are cost-sharing plans offering lower monthly premiums. The premiums are typically lower because, for some services, they pay a percentage of the coinsurance instead of the full coinsurance amount. Once the out-of-pocket limit is reached, these plans pay 100% of covered services for the rest of the calendar year.

Plan N: Co-Pay Structure, Mid-Range Premium

Plan N covers the Part B coinsurance, but you pay copayments for covered doctor office and emergency room visits in exchange for a monthly premium that tends to be more mid-range.

Why consider a Medicare supplement insurance plan?

Medicare supplement insurance plans help pay some of the out-of-pocket costs that Medicare does not pay – **giving you more complete coverage than Medicare alone.**

With Medicare supplement plans:

- You're able to keep your own doctor who accepts Medicare patients.
- See any specialist without a referral.
- There are no claim forms to fill out.
- Coverage goes with you anywhere in the U.S. when you travel.

Choose an AARP Medicare Supplement Insurance Plan, insured by UnitedHealthcare Insurance Company. Here's why:

Market Leader	Fast Service	Tops in Customer Service	Endorsed by AARP
<p>With more than 4 million insured members nationwide, UnitedHealthcare and its affiliates cover more people with Medicare Supplement plans than any other individual insurance carrier.*</p>	<p>98%[†] of claims are processed in 10 days or less, so no need to worry about paperwork or following up on claims.</p>	<p>90%^{††} of members surveyed are satisfied with the level of customer service received by UnitedHealthcare's licensed insurance agents/producers.</p>	<p>Products and services that carry the AARP name have been carefully evaluated and selected as meeting the high service and quality standards of AARP. AARP cares about people and serves them with compassion.</p>

**From friendly advice to helpful guidance,
UnitedHealthcare is here for you.
Call: **1-866-930-1643**
or visit: [AARPMedicareSupplement.com](https://www.aarpmedicare.com)**

* From a report prepared for UnitedHealthcare by Mark Farrah Associates, "December 2022 Medigap Enrollment & Market Share," June 2023.

† From a report prepared for UnitedHealthcare Insurance Company 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.

†† From a report prepared for UnitedHealthcare Insurance Company by Human8, "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.

Important Exclusions Information for residents of Kansas and Oklahoma:

- Benefits provided under Medicare.
- Care not meeting Medicare's standards.
- Injury or sickness payable by Workers' Compensation or similar laws.
- Stays or treatment provided by a government-owned or -operated hospital or facility unless payment of charges is required by law.
- Stays, care, or visits for which no charge would be made to you in the absence of insurance.
- Any stay which begins, or medical expenses you incur, during the first 3 months after your effective date will not be considered if due to a pre-existing condition. A pre-existing condition is a condition for which medical advice was given or treatment was recommended by or received from a physician within 3 months prior to your plan's effective date.

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, 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 insurance agent/producer may contact you.

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