

Underwriting and Rate Information

New Sales in Pennsylvania

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

Medicare Beneficiaries Age 65 and Older

Underwriting and Rate Summary

Underwriting requirements and rates for the AARP Medicare Supplement Insurance Plans vary based on the time that has elapsed from the applicant’s 65th birthday or Medicare Part B effective date, if it is later. The following chart provides a summary of the underwriting requirements and applicable rates:

	Time since 65th birthday or Medicare Part B Effective Date, if later			
	0 to < 7 months	7 months to < 3 years	3 years to < 6 years	6 years or more
Underwriting ¹	No Underwriting <i>Open Enrollment Period</i>	Eligibility Underwriting ²	Eligibility Underwriting ²	
			Underwriting to set rates ³	
Rate ⁴	Standard Rate with Enrollment Discount ⁵		Standard Rate with Enrollment Discount ^{5,6}	Level 1 Rate ⁶
			Level 2 Rate ⁷	Level 2 Rate ⁷
Rate Group (see Appendix II)	Group 1		Group 2	Group 3

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

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

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

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

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

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

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

Refer to the appendix for:

Appendix I – Underwriting conditions glossary

Appendix II – Rate page

Appendix III – Area rating ZIP Code listing

Enrollment Discount*

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

Eligibility

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

- 65 to 67, **OR**
- 68 to 74 **AND** their plan effective date is within 3 years of their Medicare Part B effective date, **OR**
- 68 to 74 **AND** their plan effective date is 3 or more years but less than 6 years from their Medicare Part B effective date

AND they do not have any medical condition that qualifies for the Level 2 Rate

Applicants age 75 and over are not eligible for the Enrollment Discount.

Discount Percentage and Duration

- If applicants are eligible for the Enrollment Discount, the discount percentage is applied to the standard rate.
- The first-year discount percentage and the duration of the discount program will vary based on applicants' age as of the plan effective date (see table below).
- The discount percentage amount changes on the anniversary date of the plan as members move through the discount program.*
- After the eligible discount duration expires, applicants will pay the standard rate.

Enrollment Discount – Discount Percentages and Duration

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

*Note: Rates generally change annually. If the standard rate changes, the discounted monthly premium will be adjusted accordingly.

Other Rate Discounts

Multi-Insured Discount

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

Automatic Payment Discount

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

Annual Payer Discount

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

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

Rating Information

Community Rating with Areas

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

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

Tobacco Use

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

Rate Guarantee

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

Rate Changes

UnitedHealthcare’s monthly premium generally changes once a year. However, enrolled members may see their premium change at other times due to:

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

Underwriting Information

• **Who needs to be underwritten?** Applicants outside of their open enrollment period and who do not qualify for guaranteed issue are underwritten to determine eligibility and rate (depending on the time since their 65th birthday or Medicare Part B effective date, if later).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Medicare Beneficiaries Age 50 to 64

Underwriting and Rate Summary

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

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

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

Rate Discounts

Multi-Insured Discount

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

Automatic Payment Discount

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

Annual Payer Discount

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

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

Rating Information

Community Rating with Areas

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

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

Rate Guarantee

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

Rate Changes

UnitedHealthcare's monthly premium generally changes once a year. However, enrolled members may see their premium change at other times due to:

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

Underwriting Information

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

Providing a Preliminary Quote

New Sales in Pennsylvania

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

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

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

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

PRELIMINARY QUOTE

Plan Change Situations

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

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

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

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

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

³ If beneficiaries are receiving an Enrollment Discount, advise them that they will continue to receive the balance of the discount program from the time they enrolled in the original plan.

Appendix I

Completing the Application: Medical Terms and Conditions Glossary

- This glossary has brief descriptions for terms and medical conditions that may be helpful for the applicant in completing the application. It also includes other names that may be used for some medical conditions.
- Medical terms and conditions listed below generally appear in the order they appear on the application. Some of these medical terms or conditions don't appear on all applications.
- The applicant is responsible for making sure that all answers to application questions are accurate and completed in full.
- This glossary is provided for informational purposes ONLY. The applicant should consult his or her physician if they need help answering medical questions on the application form.

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

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

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

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

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