

# UnitedHealthcare®

PO BOX 9003  
Huntingdon Valley, PA 19006-9998

[Member] or [Alternate Payer]  
[Address]  
[Address]  
[City], [ST] [Zip]

## Annual Rate Notice

Phone [Variable,  
three  
lines]

Membership ID [123456789-11]  
Date [1/16/24]

### IMPORTANT HEALTH INSURANCE RATE INFORMATION

\*\*\* THIS IS NOT A BILL \*\*\*

Dear [Member Name],

Thank you for choosing UnitedHealthcare to bring you quality health insurance.

We are writing to tell you about your upcoming monthly premium rates for:

- [Plan Name + Plan Code]
- [Rider1 + Code]
- [Rider2 + Code]
- [Rider3 + Code]
- [Rider4 + Code]

Your premium rate is driven by changes in the costs of health care services insured members receive. As health care costs continue to increase, UnitedHealthcare strives to keep your premium rate as low as possible and stable from year to year. We are doing all we can to keep rates affordable while making sure the coverage is there when you need it.

Your monthly premium (including discounts)						
Plan/Rider Code	Mmm 20xx	Mmm 20xx	Mmm 20xx	Mmm 20xx	Mmm 20xx	Mmm 20xx
[Plan Code]	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx
[Rider Code]	\$xx.xx	\$xx.xx	\$xx.xx	\$xx.xx	\$xx.xx	\$xx.xx
Plan/Rider Code	Mmm 20xx	Mmm 20xx	Mmm 20xx	Mmm 20xx	Mmm 20xx	Mmm 20xx
[Plan Code]	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx
[Rider Code]	\$xx.xx	\$xx.xx	\$xx.xx	\$xx.xx	\$xx.xx	\$xx.xx

## Payment Charts

The information below shows the total monthly payments for your plan and applicable riders.

Your premium contribution (including your discounts)						
	Mmm 20xx	Mmm 20xx	Mmm 20xx	Mmm 20xx	Mmm 20xx	Mmm 20xx
Total Amount	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx
	Mmm 20xx	Mmm 20xx	Mmm 20xx	Mmm 20xx	Mmm 20xx	Mmm 20xx
Total Amount	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx

Your monthly payment amount is printed on the payment coupon that comes with your Account Statement.

Here's a quick look at the discounts that help lower your monthly payment:

- As of [Month], you're receiving an Enrollment Discount of [XX%]
- Your next Enrollment Discount change will occur in [Month]
- You are currently receiving a Multi-Insured Discount of [XX%]
- Your Rate Guarantee will be ending on [MM/DD/YYYY]

These are the AARP-branded plans you have with UnitedHealthcare.

Insured Member Name: (--FULL NAME: ACTIVE PERSON 1--)		
Coverage	Plan Code	Rate Change Date
XXXXXX Plan	XX	MM/DD/YYYY
(repeat lines as needed)		

**Special Messages for you:**

**Your coverage continues automatically – no action needed**

As an insured member covered under an AARP Medicare Supplement Plan from UnitedHealthcare, your Medicare supplement coverage automatically continues year after year as long as you pay your premium when due. There is no need to re-enroll or take any action during the Medicare Annual Enrollment Period (AEP) which only applies to Medicare Advantage and Medicare prescription drug plans – not Medicare Supplement plans.

**Please contact UnitedHealthcare Customer Service if you have questions or need more information:**



**Access plan information with your online account**

Sign in to **myAARPMedicare.com** or scan the QR code to take you to the web. There you can:

- Pay your monthly premiums
- View your Explanation of Benefits (EOB) and claims
- Access your health insurance ID card
- And much more – all in one secure place

- For English-speaking representatives, please call **1-866-562-0923**, TTY **711**.
- Para español: **1-866-532-7898**.
- Representatives are available to help:
  - Weekdays from 7 a.m. to 11 p.m., Eastern Time, and
  - Saturdays from 9 a.m. to 5 p.m., Eastern Time.

Sincerely,

UnitedHealthcare Member Services

## IMPORTANT INFORMATION ABOUT YOUR PLAN

### Change Requests

When you make a request that affects your health insurance coverage, such as an address change or cancellation request, the change generally will become effective the first day of the month following the date you tell us about the account change. Changes that require completion of a new application (such as enrolling in a plan that requires answers to health questions) will become effective the first day of the month following the date the enrollment is accepted.

### Moving

If you are moving to another area, your AARP Supplemental or Personal Health Plan(s) moves with you. (Please note that although AARP Medicare Select Plans may not be offered in every area, AARP Medicare Supplement Plans are available. Personal Health Insurance Plans are not available if you move outside of the United States or its territories.)

Make sure to keep your plan(s) in force by paying the required monthly premium when due. Plan rates and discounts vary by location. The way premiums are determined may be different if you move to a new state.

### Additional Contact for Billing Notices

If you are worried about missing a payment because of travel or illness, or for some other reason beyond your control, the solution is simple: You may name a family member or friend as your "Third-Party Designee". This additional contact will receive a duplicate copy of all billing notices, but your Third-Party Designee is not responsible for making your payments.

### Privacy Information

At UnitedHealthcare, we respect your right to privacy. If you would like to allow someone such as a spouse, relative, or friend to help you with matters concerning your health insurance, you can complete a privacy authorization form. You can do this over the phone by calling UnitedHealthcare Customer Service.

### Electronic Funds Transfer (EFT)

- In many states, you may be eligible for a discount when you switch to Electronic Funds Transfer (EFT) for your monthly premium payments. It's a convenient and secure way to ensure your payments are made on time—and you could save money, too.
- You can enroll in EFT at [myAARPMedicare.com/EFT](https://myAARPMedicare.com/EFT).

### Replacement Materials

If you need to request replacement materials, you can:

- Sign in to [myAARPMedicare.com](https://myAARPMedicare.com) and click on **My Member Resources** to visit the Document Center, or
- Call the UnitedHealthcare automated system toll-free at **1-800-444-6544**.

### Need to contact us?

Please address all **Customer Service** or general correspondence to:  
UnitedHealthcare Customer Service, PO BOX 9003  
Huntingdon Valley, PA 19006-9998  
**Claim submission** address:  
UnitedHealthcare Claim Division, PO BOX 1878, Southampton, PA 18966-9998

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

UnitedHealthcare Insurance Company and affiliates pay royalty fees for the use of AARP intellectual property. AARP uses the royalty fees for the general purposes of its organization. AARP and its affiliates are not insurers. Insured by UnitedHealthcare Insurance Company or an affiliate (collectively "UnitedHealthcare"). Refer to your Certificate of Insurance for your Insurer. For New York Certificate holders: Insured by UnitedHealthcare Insurance Company of New York. For Washington Certificate holders: Insured by UnitedHealthcare Insurance Company."

## **NOTICE OF NONDISCRIMINATION**

The Company complies with applicable civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity). We do not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

We provide free aids and services to help you communicate with us. You can ask for interpreters and/or for communications in other languages or formats such as large print. We also provide reasonable modifications for persons with disabilities.

If you need these services, call the toll-free number on your member ID card. (TTY 711).

If you believe that we failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can send a complaint to the Civil Rights Coordinator:

Civil Rights Coordinator  
UnitedHealthcare Civil Rights Grievance  
P.O. Box 30608  
Salt Lake City, UTAH 84130  
[UHC\\_Civil\\_Rights@uhc.com](mailto:UHC_Civil_Rights@uhc.com)

If you need help filing a complaint, call the toll-free number on your member ID card. (TTY 711).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>  
Phone: 1-800-368-1019, 800-537-7697 (TDD)  
Mail: U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

This notice is available at: <https://www.uhc.com/legal/nondiscrimination-and-language-assistance-notices>

**ATTENTION:** If you speak **English**, free language assistance services and free communications in other formats, such as large print, are available to you. Call the toll-free number on your member identification card.

**ATENCIÓN:** Si habla **español (Spanish)**, hay servicios de asistencia de idiomas y comunicaciones en otros formatos como letra grande, sin cargo, a su disposición. Llame al número gratuito que figura en su tarjeta de identificación de miembro.

**ملاحظة:** إذا كنت تتحدث اللغة العربية (Arabic)، ستتوفر لك خدمات المساعدة اللغوية المجانية والمراسلات المجانية بتنسيقات أخرى، مثل الطباعة بأحرف كبيرة. اتصل بالرقم المجاني المدون على بطاقة تعريف العضو خاصتك.

**দেখুন:** আপান যাদ **বাংলায় (Bengali)** কথা বলেন, তাহলে বিনামূল্যে ভাষা সহায়তা পরিষেবা এবং বড় মুদ্রণের মতো অন্যান্য ফরম্যাটে যোগাযোগগুলি আপনার জন্য বিনামূল্যে উপলব্ধ। আপনার সদস্যের পরিচয়পত্রের কার্ডের টোল-ফ্রি নম্বরে কল করুন

**請注意:** 如果您說中文 (Chinese)，您可以獲得免費語言協助服務和大字體等其他格式的免費通訊。請致電您的會員身份卡上的免付費電話號碼。

**ATTENTION:** Si vous parlez **français (French)**, des services d'assistance linguistique et des communications dans d'autres formats, notamment en gros caractères, sont mis à votre disposition gratuitement. Appelez le numéro gratuit figurant sur votre carte de membre.

**ATANSYON:** Si w pale **Kreyòl Ayisyen (Haitian Creole)**, gen sèvis lang gratis ak kominikasyon nan lòt fòm lo disponib, tankou sa ki enprime ak gwo lèt. Rele nimewo gratis ki sou kat idantifikasyon manm ou an.

**ACHTUNG:** Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlose Sprachassistentendienste und kostenlose Kommunikation in anderen Formaten, wie zum große Schrift, zur Verfügung. Rufen Sie die gebührenfreie Nummer auf Ihrer Mitgliedskarte an.

**ધ્યાન આપો:** જો તમે **ગુજરાતી (Gujarati)** બોલતા હો તો વિના મૂલ્યે ભાષાકીય મદદરૂપ સેવાઓ અને અન્ય ફોર્મટમાં વિના મૂલ્યે સંચાર, જેમ કે મોટી પ્રિન્ટ, તમારા માટે ઉપલબ્ધ છે. તમારા સભ્ય ઓળખ કાર્ડ પરના ટોલ-ફ્રી નંબર પર કોલ કરો.

**LUU Ý:** Nếu quý vị nói Tiếng **Việt (Vietnamese)**, quý vị sẽ được cung cấp các dịch vụ hỗ trợ ngôn ngữ miễn phí và các phương tiện trao đổi liên lạc miễn phí ở các định dạng khác, chẳng hạn như bản in chữ lớn. Gọi đến số điện thoại miễn phí có trên thẻ nhận dạng thành viên của quý vị.

**ध्यान दें:** यदि आप **हिंदी (Hindi)** बोलते हैं, तो आपके लिए मुफ्त भाषा सहायता सेवाएँ और अन्य प्रारूपों में मुफ्त संचार, जैसे कि बड़े प्रिंट, उपलब्ध हैं। अपने सदस्य पहचान पत्र पर दिए गए टोल-फ्री नंबर पर कॉल करें।

**ATTENZIONE:** Se parla **italiano (Italian)**, può usufruire di servizi di assistenza linguistica gratuiti e comunicazioni gratuite in altri formati, come ad esempio la stampa a caratteri grandi. Chiami il numero verde riportato sul Suo tesserino identificativo.

**注意事項:** 日本語 (Japanese) を話される場合、無料の言語支援サービスや、拡大文字など他の形式での無料コミュニケーションをご利用いただけます。[]にお電話ください。

**알림사항:** 한국어(Korean)를 사용하시는 경우 무료 언어 지원 서비스와 대형 활자체 등 다른 형식으로 된 의사 소통 매체를 이용하실 수 있습니다. 회원 ID 카드에 나와 있는 무료 전화번호로 전화해 주십시오.

**توجه:** اگر بہ زبان فارسی (Farsi) صحبت می‌کنید، خدمات رایگان کمک زبانی و ارتباطات رایگان در قالب‌های دیگر، مانند چاپ بزرگ، در دسترس شما هستند. با شماره رایگان مندرج روی کارت شناسایی عضویت‌تان تماس بگیرید.

**UWAGA:** Dla osób mówiących po **polsku (Polish)** dostępne są bezpłatne usługi pomocy językowej i bezpłatne komunikaty w innych formatach, takich jak duży druk. Prosimy zadzwonić pod bezpłatny numer podany na karcie identyfikacyjnej.

**ATENÇÃO:** se você fala **português (Portuguese)**, tem à sua disposição serviços gratuitos de assistência linguística e comunicações gratuitas em outros formatos, como caracteres grandes. Ligue para o número gratuito que se encontra no seu cartão de identificação de membro.

**ВНИМАНИЕ:** Если вы говорите на **русском языке (Russian)**, вам доступны бесплатные услуги языковой поддержки и бесплатные материалы в других форматах, например, напечатанные крупным шрифтом. Звоните по бесплатному номеру телефона, указанному на вашей идентификационной карте участника.

**PAUNAWA:** Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga librenang serbisyo ng tulong sa wika at librenang komunikasyon sa ibang mga format, tulad ng malalaking print. Tawagan ang walang bayad na numero na nasa iyong ID card ng miyembro.

**توجه دین:** اگر آپ اردو (Urdu) زبان بولتے ہیں تو آپ کے لیے زبان کی معاون خدمات اور دیگر فارمیٹ میں مفت مواصلات، جیسے بڑے پرنٹ، آپ کے لیے دستیاب ہیں۔ اپنے ممبر شناختی کارڈ پر دیئے گئے ٹول فری نمبر پر کال کریں۔