

(--MAIL_TO_PERSON: PREFIX, FIRST_NAME,
MIDDLE_NAME, LAST_NAME, SUFFIX--)
(--MAIL_TO_ADDRESS_LINE_1--)
(--MAIL_TO_ADDRESS_LINE_2--)
(--CITY--) (--STATE_CD--) (--ZIP_CD--)

(--LTR_DATE--)
MEMBERSHIP NUMBER:
(--MEMBERSHIP_
NUMBER_123456789-12--)
INSURED MEMBER:
(--INSURED_MEMBER_
FIRST_NAME, LAST_NAME,
SUFFIX--)

Dear (--INSURED_MEMBER_FIRST_NAME, LAST_NAME, SUFFIX--),
You can feel good knowing that your AARP® Medicare Supplement Plan from UnitedHealthcare® has
you covered without a lot of surprise bills. Just “set it and forget it.”

But every calendar year, you need to remember that your plan won’t start paying for Medicare Part
B expenses until you have met your Part B deductible. **It can be a hassle to keep track of what you
owe, and you even have to pay the provider yourself.**

Let UnitedHealthcare do it for you! With the new **EZ Claim Pay** service, you can choose to have
UnitedHealthcare pay your Medicare Part B deductible out-of-pocket expenses on your behalf
via automatic withdrawal from your checking or savings account. **EZ Claim Pay** is offered at no
additional cost to you because you’re covered under an eligible AARP Medicare Supplement Plan.
Keep reading for more details on how you really can “set it and forget it.”

How it works: When UnitedHealthcare receives a claim, the company withdraws funds from your
account and pays the provider for you. The amount will not exceed the Medicare Part B deductible
(\$240 in 2024). You’ll receive a notification in the mail prior to the withdrawal and a confirmation after
your provider is paid.

Please see the other side of this letter for more information. Call UnitedHealthcare Customer
Service at **1-877-223-1628**, TTY **711**, if you have any additional questions or need help filling out the
enrollment form. Para español: **1-800-822-0246**. You can call 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

Answers to commonly asked questions

Q. What should I expect to happen when I sign up?

A. Once your EZ Claim Pay Enrollment Form has been processed or you sign up over the phone, you will receive a letter in the mail confirming your enrollment.

UnitedHealthcare will notify you via mail approximately 5 to 10 days in advance of withdrawing any money from your account to pay your Medicare Part B deductible out-of-pocket costs for each applicable claim.

Q. What should I do if I receive a bill from a provider for the Medicare Part B deductible?

A. Call UnitedHealthcare to check if the company has already made the payment for you. Any time UnitedHealthcare pays a bill on your behalf, you'll receive a letter notifying you. We will work with you and your provider to help resolve the issue.

Q. Can I stop the service at any time?

A. Yes. You're always in control and you can stop this service any time you wish.

Q. What's the difference between the EZ Claim Pay and Electronic Funds Transfer (EFT) services?

A. The EZ Claim Pay service automatically pays your out-of-pocket Medicare Part B deductible claim costs on your behalf. EFT is a service that automatically withdraws your monthly premium. Choose both – EZ Claim Pay and EFT – for the greatest ease of use and peace of mind. Please remember to submit the EZ Claim Pay and EFT enrollment forms separately; one form won't cover both services.

Signing up is a snap. Select the method that's easiest for you.



Fill out the light blue **EZ Claim Pay Enrollment Form** enclosed. Please be sure to complete all the information requested and then sign, date and place it in the enclosed business reply envelope.



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The image shows a light blue 'EZ CLAIM PAY ENROLLMENT FORM' from UnitedHealthcare, a Medicare Supplement. The form includes fields for personal information (name, address, phone), bank account details (number, type, routing), and a signature line. It also features a 'BUSINESS REPLY MAIL' envelope with a barcode and return address: UNITEDHEALTHCARE GROUP, PO BOX 50000, PITTSBURGH, PA 15250-0000. The form is marked with 'DETACH HERE, PLACE IN THE ATTACHED RETURN ENVELOPE AND SEAL' and 'FOLD HERE'.

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