

UnitedHealthcare Insurance Company

OUTLINE OF COVERAGE

Benefit Plans A, B, C, F, K, L, N, Select C, Select F

Benefit Chart of Medicare Supplement Plans Sold on or After June 1, 2010

This chart shows the benefits included in each of the standard Medicare supplement plans. Every company must make Plan "A" available. Some plans may not be available in your state.

Basic Benefits:

- **Hospitalization:** Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.
 - **Medical Expenses:** Part B coinsurance (generally 20% of Medicare-approved expenses) or copayments for hospital outpatient services. Plans K, L, and N require insureds to pay a portion of Part B coinsurance or copayments.
 - **Blood:** First three pints of blood each year.
 - **Hospice:** Part A coinsurance
- +Medicare Select Plans C and F contain the same benefits as standardized Medicare Supplement Plans C and F, except for restrictions on your use of hospitals.

Plan A	Plan B	Plan C+	Plan D	Plan F*+	Plan G	Plan K	Plan L	Plan M	Plan N
Basic, including 100% Part B co-insurance	Basic, including 100% Part B co-insurance	Basic, including 100% Part B co-insurance	Basic, including 100% Part B co-insurance	Basic, including 100% Part B co-insurance	Basic, including 100% Part B co-insurance	Hospitalization and preventive care paid at 100%; other basic benefits paid at 50%	Hospitalization and preventive care paid at 100%; other basic benefits paid at 75%	Basic, including 100% Part B co-insurance	Basic, including 100% Part B co-insurance, except up to \$20 co-payment for office visit, and up to \$50 copayment for ER
		Skilled nursing facility co-insurance	Skilled nursing facility co-insurance	Skilled nursing facility co-insurance	Skilled nursing facility co-insurance	50% Skilled nursing facility co-insurance	75% Skilled nursing facility co-insurance	Skilled nursing facility co-insurance	Skilled nursing facility co-insurance
	Part A deductible	Part A deductible	Part A deductible	Part A deductible	Part A deductible	50% Part A deductible	75% Part A deductible	50% Part A deductible	Part A deductible
		Part B deductible		Part B deductible					
				Part B excess (100%)	Part B excess (100%)				
		Foreign travel emergency	Foreign travel emergency	Foreign travel emergency	Foreign travel emergency			Foreign travel emergency	Foreign travel emergency
<p>*Plan F also has an option called a high deductible Plan F. This high deductible plan pays the same benefits as Plan F after one has paid a calendar year \$2200 deductible. Benefits from high deductible Plan F will not begin until out-of-pocket expenses exceed \$2200. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. These expenses include the Medicare deductibles for Part A and Part B, but do not include the plan's separate foreign travel emergency deductible.</p>						Out-of-pocket limit \$5120; paid at 100% after limit reached	Out-of-pocket limit \$2560; paid at 100% after limit reached		

Medicare Supplement Plans A, B, C, F, K, L, N, Select C, Select F are currently being offered by UnitedHealthcare Insurance Company

Plan A

MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

*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.

Services	Medicare Pays	Plan Pays	You Pay
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61 st thru 90 th day 91 st day and after: – While using 60 lifetime reserve days – Once lifetime reserve days are used: <ul style="list-style-type: none"> ▪ Additional 365 days ▪ Beyond the additional 365 days 	All but \$1,316 All but \$329 a day All but \$658 a day \$0 \$0	\$0 \$329 a day \$658 a day 100% of Medicare eligible expenses \$0	\$1,316 (Part A Deductible) \$0 \$0 \$0** All costs
SKILLED NURSING FACILITY CARE* 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 21 st thru 100 th day 101 st day and after	All approved amounts All but \$164.50 a day \$0	\$0 \$0 \$0	\$0 Up to \$164.50 a day All costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE You must meet Medicare’s requirements, including a doctor’s certification of terminal illness.	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care.	Medicare copayment/ coinsurance	\$0

**NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the 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.” During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

Plan A

MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

* Once you have been billed \$183 of Medicare Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

Services	Medicare Pays	Plan Pays	You Pay
MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$183 of Medicare Approved amounts* Remainder of Medicare Approved amounts	\$0 Generally 80%	\$0 Generally 20%	\$183 (Part B Deductible) \$0
PART B EXCESS CHARGES (Above Medicare Approved amounts)	\$0	\$0	All costs
BLOOD First 3 pints Next \$183 of Medicare Approved amounts* Remainder of Medicare Approved amounts	\$0 \$0 80%	All costs \$0 20%	\$0 \$183 (Part B Deductible) \$0
CLINICAL LABORATORY SERVICES – Tests For Diagnostic Services	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE MEDICARE APPROVED SERVICES – Medically necessary skilled care services and medical supplies – Durable medical equipment: <ul style="list-style-type: none"> ▪ First \$183 of Medicare Approved amounts* ▪ Remainder of Medicare Approved amounts 	100% \$0 80%	\$0 \$0 20%	\$0 \$183 (Part B Deductible) \$0
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Plan B

MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

* 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.

Services	Medicare Pays	Plan Pays	You Pay
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61 st thru 90 th day 91 st day and after: <ul style="list-style-type: none"> – While using 60 lifetime reserve days – Once lifetime reserve days are used: <ul style="list-style-type: none"> ▪ Additional 365 days ▪ Beyond the additional 365 days 	All but \$1,316 All but \$329 a day All but \$658 a day \$0 \$0	\$1,316 (Part A Deductible) \$329 a day \$658 a day 100% of Medicare eligible expenses \$0	\$0 \$0 \$0 \$0** All costs
SKILLED NURSING FACILITY CARE* 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 21 st thru 100 th day 101 st day and after	All approved amounts All but \$164.50 a day \$0	\$0 \$0 \$0	\$0 Up to \$164.50 a day All costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE You must meet Medicare’s requirements, including a doctor’s certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care.	Medicare copayment/coinsurance	\$0

** NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the 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.” During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

Plan B

MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

* Once you have been billed \$183 of Medicare Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

Services	Medicare Pays	Plan Pays	You Pay
MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$183 of Medicare Approved amounts*	\$0	\$0	\$183 (Part B Deductible)
Remainder of Medicare Approved amounts	Generally 80%	Generally 20%	\$0
PART B EXCESS CHARGES (Above Medicare-approved amounts)	\$0	\$0	All costs
BLOOD First 3 pints	\$0	All costs	\$0
Next \$183 of Medicare Approved amounts*	\$0	\$0	\$183 (Part B Deductible)
Remainder of Medicare Approved amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES – Tests For Diagnostic Services	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE MEDICARE APPROVED SERVICES – Medically necessary skilled care services and medical supplies	100%	\$0	\$0
– Durable medical equipment: <ul style="list-style-type: none"> ▪ First \$183 of Medicare Approved amounts* 	\$0	\$0	\$183 (Part B Deductible)
<ul style="list-style-type: none"> ▪ Remainder of Medicare Approved amounts 	80%	20%	\$0

Plan C

MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

* 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.

Services	Medicare Pays	Plan Pays	You Pay
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61 st thru 90 th day 91 st day and after: – While using 60 lifetime reserve days – Once lifetime reserve days are used: <ul style="list-style-type: none"> ▪ Additional 365 days ▪ Beyond the additional 365 days 	All but \$1,316 All but \$329 a day All but \$658 a day \$0 \$0	\$1,316 (Part A Deductible) \$329 a day \$658 a day 100% of Medicare eligible expenses \$0	\$0 \$0 \$0 \$0** All costs
SKILLED NURSING FACILITY CARE* 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 21 st thru 100 th day 101 st day and after	All approved amounts All but \$164.50 a day \$0	\$0 Up to \$164.50 a day \$0	\$0 \$0 All costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE You must meet Medicare’s requirements, including a doctor’s certification of terminal illness.	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care.	Medicare copayment/ coinsurance	\$0

**NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the 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.” During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

Plan C

MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

* Once you have been billed \$183 of Medicare Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

Services	Medicare Pays	Plan Pays	You Pay
MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$183 of Medicare Approved amounts* Remainder of Medicare Approved amounts	\$0 Generally 80%	\$183 (Part B Deductible) Generally 20%	\$0 \$0
PART B EXCESS CHARGES (Above Medicare-approved amounts)	\$0	\$0	All costs
BLOOD First 3 pints Next \$183 of Medicare Approved amounts* Remainder of Medicare Approved amounts	\$0 \$0 80%	All costs \$183 (Part B Deductible) 20%	\$0 \$0 \$0
CLINICAL LABORATORY SERVICES– Tests For Diagnostic Services	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE MEDICARE APPROVED SERVICES – Medically necessary skilled care services and medical supplies – Durable medical equipment: <ul style="list-style-type: none"> ▪ First \$183 of Medicare Approved amounts* ▪ Remainder of Medicare Approved amounts 	100% \$0 80%	\$0 \$183 (Part B Deductible) 20%	\$0 \$0 \$0
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OTHER BENEFITS – NOT COVERED BY MEDICARE

FOREIGN TRAVEL – NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year Remainder of Charges	\$0 \$0	\$0 80% to a lifetime maximum benefit of \$50,000	\$250 20% and amounts over the \$50,000 lifetime maximum
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Plan F

MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

* 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.

Services	Medicare Pays	Plan Pays	You Pay
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61 st thru 90 th day 91 st day and after: – While using 60 lifetime reserve days – Once lifetime reserve days are used: <ul style="list-style-type: none"> ▪ Additional 365 days ▪ Beyond the additional 365 days 	All but \$1,316 All but \$329 a day All but \$658 a day \$0 \$0	\$1,316 (Part A Deductible) \$329 a day \$658 a day 100% of Medicare eligible expenses \$0	\$0 \$0 \$0 \$0** All costs
SKILLED NURSING FACILITY CARE* 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 21 st thru 100 th day 101 st day and after	All approved amounts All but \$164.50 a day \$0	\$0 Up to \$164.50 a day \$0	\$0 \$0 All costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE You must meet Medicare’s requirements, including a doctor’s certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care.	Medicare copayment/coinsurance	\$0

**NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the 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.” During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

Plan F

MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

* Once you have been billed \$183 of Medicare Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

Services	Medicare Pays	Plan Pays	You Pay
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$183 of Medicare Approved amounts* Remainder of Medicare Approved amounts	 \$0 Generally 80%	 \$183 (Part B Deductible) Generally 20%	 \$0 \$0
PART B EXCESS CHARGES (Above Medicare-approved amounts)	\$0	100%	\$0
BLOOD First 3 pints Next \$183 of Medicare Approved amounts* Remainder of Medicare Approved amounts	 \$0 \$0 80%	 All costs \$183 (Part B Deductible) 20%	 \$0 \$0 \$0
CLINICAL LABORATORY SERVICES – Tests For Diagnostic Services	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE MEDICARE APPROVED SERVICES – Medically necessary skilled care services and medical supplies – Durable medical equipment: <ul style="list-style-type: none"> ▪ First \$183 of Medicare Approved amounts* ▪ Remainder of Medicare Approved amounts 	 100% \$0 80%	 \$0 \$183 (Part B Deductible) 20%	 \$0 \$0 \$0
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OTHER BENEFITS – NOT COVERED BY MEDICARE

FOREIGN TRAVEL – NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year Remainder of Charges	 \$0 \$0	 \$0 80% to a lifetime maximum benefit of \$50,000	 \$250 20% and amounts over the \$50,000 lifetime maximum
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Plan K

* You will pay half of the cost-sharing of some covered services until you reach the annual out-of-pocket limit of \$5120 each calendar year. The amounts that count toward your annual limit are noted with diamonds (◆) in the chart below. Once you reach the annual limit, the plan pays 100% of the Medicare copayment and coinsurance for the rest of the calendar year. **However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called “Excess Charges”) and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.**

MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

** 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.

Services	Medicare Pays	Plan Pays	You Pay*
HOSPITALIZATION**			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1,316	\$658 (50% of Part A Deductible)	\$658 (50% of Part A Deductible)◆
61 st thru 90 th day	All but \$329 a day	\$329 a day	\$0
91 st day and after:			
– While using 60 lifetime reserve days	All but \$658 a day	\$658 a day	\$0
– Once lifetime reserve days are used:			
▪ Additional 365 days (lifetime)	\$0	100% of Medicare Eligible Expenses	\$0***
▪ Beyond the additional 365 days	\$0	\$0	All costs
SKILLED NURSING FACILITY CARE**			
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 thru 100 th day	All but \$164.50 a day	Up to \$82.25 a day	\$82.25 a day◆
101 st day and after	\$0	\$0	All costs
BLOOD –			
First 3 Pints	\$0	50%	50%◆
Additional amounts	100%	\$0	\$0
HOSPICE CARE			
You must meet Medicare’s requirements, including a doctor’s certification of terminal illness.			
	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care.	50% of copayment/ coinsurance	50% of copayment/ coinsurance◆

*** NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the 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.” During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

Plan K

MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

**** Once you have been billed \$183 of Medicare Approved amounts for covered services (which are noted with asterisks), your Part B Deductible will have been met for the calendar year.

Services	Medicare Pays	Plan Pays	You Pay*
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT , such as Physician’s services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$183 of Medicare Approved Amounts**** Preventive Benefits for Medicare Covered Services Remainder of Medicare Approved Amounts	\$0 Generally 80% or more of Medicare Approved amounts Generally 80%	\$0 Remainder of Medicare Approved amounts Generally 10%	\$183 (Part B Deductible)****◆ All costs above Medicare Approved amounts Generally 10%◆
PART B EXCESS CHARGES (Above Medicare Approved Amounts)	\$0	\$0	All costs (and they do not count toward annual out-of-pocket limit of \$5120)*
BLOOD First 3 Pints Next \$183 of Medicare Approved Amounts**** Remainder of Medicare Approved Amounts	\$0 \$0 Generally 80%	50% \$0 Generally 10%	50%◆ \$183 (Part B Deductible)****◆ Generally 10%◆
CLINICAL LABORATORY SERVICES – Tests For Diagnostic Services	100%	\$0	\$0

* This plan limits your annual out-of-pocket payments for Medicare-approved amounts to \$5120 per year. **However, this limit does NOT include charges from your provider that exceed Medicare Approved amounts (these are called “Excess Charges”) and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.**

PARTS A & B

HOME HEALTH CARE MEDICARE APPROVED SERVICES - Medically necessary skilled care services and medical supplies - Durable medical equipment:	100% \$0 80%	\$0 \$0 10%	\$0 \$183 (Part B Deductible)◆ 10%◆
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***** Medicare benefits are subject to change. Please consult the latest *Guide to Health Insurance for People with Medicare*.

Plan L

* You will pay one-fourth of the cost-sharing of some covered services until you reach the annual out-of-pocket limit of \$2560 each calendar year. The amounts that count toward your annual limit are noted with diamonds (◆) in the chart below. Once you reach the annual limit, the plan pays 100% of your Medicare copayment and coinsurance for the rest of the calendar year. **However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called “Excess Charges”) and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.**

MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

** 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.

Services	Medicare Pays	Plan Pays	You Pay*
HOSPITALIZATION** Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61 st thru 90 th day 91 st day and after: – While using 60 lifetime reserve days – Once lifetime reserve days are used: ▪ Additional 365 days (lifetime) ▪ Beyond the additional 365 days	All but \$1,316 All but \$329 a day All but \$658 a day \$0 \$0	\$987 (75% of Part A Deductible) \$329 a day \$658 a day 100% of Medicare Eligible Expenses \$0	\$329 (25% of Part A Deductible)◆ \$0 \$0 \$0*** All costs
SKILLED NURSING FACILITY CARE** 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 21 st thru 100 th day 101 st day and after	All approved amounts All but \$164.50 a day \$0	\$0 Up to \$123.38 a day \$0	\$0 \$41.12 a day◆ All costs
BLOOD – First 3 Pints Additional amounts	\$0 100%	75% \$0	25%◆ \$0
HOSPICE CARE You must meet Medicare’s requirements, including a doctor’s certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care.	75% of copayment/coinsurance	25% of copayment/coinsurance◆

*** NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the 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.” During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

Plan L

MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

**** Once you have been billed \$183 of Medicare Approved amounts for covered services (which are noted with asterisks), your Part B Deductible will have been met for the calendar year.

Services	Medicare Pays	Plan Pays	You Pay*
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT , such as Physician’s services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$183 of Medicare Approved Amounts**** Preventive Benefits for Medicare Covered Services Remainder of Medicare Approved Amounts	\$0 Generally 80% or more of Medicare Approved amounts Generally 80%	\$0 Remainder of Medicare Approved amounts Generally 15%	\$183 (Part B Deductible)****♦ All costs above Medicare Approved amounts Generally 5%♦
PART B EXCESS CHARGES (Above Medicare Approved Amounts)	\$0	\$0	All costs (and they do not count toward annual out-of-pocket limit of \$2560)*
BLOOD First 3 Pints Next \$183 of Medicare Approved Amounts**** Remainder of Medicare Approved Amounts	\$0 \$0 Generally 80%	75% \$0 Generally 15%	25%♦ \$183 (Part B Deductible)****♦ Generally 5%♦
CLINICAL LABORATORY SERVICES – Tests For Diagnostic Services	100%	\$0	\$0

* This plan limits your annual out-of-pocket payments for Medicare-approved amounts to \$2560 per year. **However, this limit does NOT include charges from your provider that exceed Medicare Approved amounts (these are called “Excess Charges”) and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.**

PARTS A & B

HOME HEALTH CARE MEDICARE APPROVED SERVICES - Medically necessary skilled care services and medical supplies - Durable medical equipment:	100% 80%	\$0 15%	\$0 \$183 (Part B Deductible)♦ 5%♦
■ First \$183 of Medicare Approved Amounts**** ■ Remainder of Medicare Approved Amounts	\$0 80%	\$0 15%	\$183 (Part B Deductible)♦ 5%♦

**** Medicare benefits are subject to change. Please consult the latest *Guide to Health Insurance for People with Medicare*.

Plan N

MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

* 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.

Services	Medicare Pays	Plan Pays	You Pay
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61 st thru 90 th day 91 st day and after: – While using 60 lifetime reserve days – Once lifetime reserve days are used: <ul style="list-style-type: none"> ▪ Additional 365 days ▪ Beyond the additional 365 days 	All but \$1,316 All but \$329 a day All but \$658 a day \$0 \$0	\$1,316 (Part A Deductible) \$329 a day \$658 a day 100% of Medicare eligible expenses \$0	\$0 \$0 \$0 \$0** All costs
SKILLED NURSING FACILITY CARE* 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 21 st thru 100 th day 101 st day and after	All approved amounts All but \$164.50 a day \$0	\$0 Up to \$164.50 a day \$0	\$0 \$0 All costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care.	Medicare copayment/coinsurance	\$0

**NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the 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." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

Plan N

MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

* Once you have been billed \$183 of Medicare Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

Services	Medicare Pays	Plan Pays	You Pay
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT , such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$183 of Medicare Approved amounts* Remainder of Medicare Approved amounts	\$0 Generally 80%	\$0 Balance 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 the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.	\$183 (Part B Deductible) Up to \$20 per office visit and up to \$50 per emergency room visit. The co-payment of up to \$50 is waived if the insured is 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	All Costs
BLOOD First 3 pints Next \$183 of Medicare Approved amounts* Remainder of Medicare Approved amounts	\$0 \$0 80%	All costs \$0 20%	\$0 \$183 (Part B Deductible) \$0
CLINICAL LABORATORY SERVICES – Tests For Diagnostic Services	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE MEDICARE APPROVED SERVICES – Medically necessary skilled care services and medical supplies – Durable medical equipment:	100% \$0 80%	\$0 \$0 20%	\$0 \$183 (Part B Deductible) \$0
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OTHER BENEFITS – NOT COVERED BY MEDICARE

FOREIGN TRAVEL – NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year Remainder of Charges	\$0 \$0	\$0 80% to a lifetime maximum benefit of \$50,000	\$250 20% and amounts over the \$50,000 lifetime maximum
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Medicare Select - Plan C

MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

* 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.

** Provider restrictions apply.

Services	Medicare Pays	Medicare Select Plan C Pays	You Pay
<p>HOSPITALIZATION* in a Participating Hospital** Semiprivate room and board, general nursing and miscellaneous services and supplies</p> <p>First 60 days</p> <p>61st thru 90th day</p> <p>91st day and after:</p> <ul style="list-style-type: none"> – While using 60 lifetime reserve days – Once lifetime reserve days are used: <ul style="list-style-type: none"> ▪ Additional 365 days ▪ Beyond the additional 365 days 	<p>All but \$1,316</p> <p>All but \$329 a day</p> <p>All but \$658 a day</p> <p>\$0</p> <p>\$0</p>	<p>\$1,316 (Part A Deductible)</p> <p>\$329 a day</p> <p>\$658 a day</p> <p>100% of Medicare eligible expenses</p> <p>\$0</p>	<p>\$0</p> <p>\$0</p> <p>\$0</p> <p>\$0***</p> <p>All costs</p>
<p>SKILLED NURSING FACILITY CARE* 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.</p> <p>First 20 days</p> <p>21st thru 100th day</p> <p>101st day and after</p>	<p>All approved amounts</p> <p>All but \$164.50 a day</p> <p>\$0</p>	<p>\$0</p> <p>Up to \$164.50 a day</p> <p>\$0</p>	<p>\$0</p> <p>\$0</p> <p>All costs</p>
<p>BLOOD</p> <p>First 3 pints</p> <p>Additional amounts</p>	<p>\$0</p> <p>100%</p>	<p>3 pints</p> <p>\$0</p>	<p>\$0</p> <p>\$0</p>
<p>HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness.</p>	<p>All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care.</p>	<p>Medicare copayment/coinsurance</p>	<p>\$0</p>

***NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the 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." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

Medicare Select - Plan C

MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

* Once you have been billed \$183 of Medicare Approved amounts for covered services (which are noted with an Asterisk), your Part B Deductible will have been met for the calendar year.

** Provider restrictions apply.

Services	Medicare Pays	Medicare Select Plan C Pays	You Pay
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT** , such as Physician’s services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment. First \$183 of Medicare Approved amounts* Remainder of Medicare-approved amounts	\$0 Generally 80%	\$183 (Part B Deductible) Generally 20%	\$0 \$0
PART B EXCESS CHARGES (Above Medicare-approved amounts)	\$0	\$0	All costs
BLOOD First 3 pints Next \$183 of Medicare Approved amounts* Remainder of Medicare-approved amounts	\$0 \$0 80%	All costs \$183 (Part B Deductible) 20%	\$0 \$0 \$0
CLINICAL LABORATORY SERVICES – Tests For Diagnostic Services	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE - MEDICARE APPROVED SERVICES – Medically necessary skilled care services and medical supplies – Durable medical equipment:	100%	\$0	\$0
▪ First \$183 of Medicare Approved amounts* ▪ Remainder of Medicare Approved amounts	\$0 80%	\$183 (Part B Deductible) 20%	\$0 \$0

OTHER BENEFITS – NOT COVERED BY MEDICARE

FOREIGN TRAVEL – NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA. First \$250 each calendar year Remainder of Charges	\$0 \$0	\$0 80% to a lifetime maximum benefit of \$50,000	\$250 20% and amounts over the \$50,000 lifetime maximum
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Medicare Select - Plan F

MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

* 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.

** Provider restrictions apply.

Services	Medicare Pays	Medicare Select Plan F Pays	You Pay
HOSPITALIZATION* in a Participating Hospital** Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61 st thru 90 th day 91 st day and after: <ul style="list-style-type: none"> – While using 60 lifetime reserve days – Once lifetime reserve days are used: <ul style="list-style-type: none"> ▪ Additional 365 days ▪ Beyond the additional 365 days 	All but \$1,316 All but \$329 a day All but \$658 a day \$0 \$0	\$1,316 (Part A Deductible) \$329 a day \$658 a day 100% of Medicare eligible expenses \$0	\$0 \$0 \$0 \$0*** All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare’s requirements, including having been in a hospital for atleast 3 days and entered a Medicare Approved facility within 30 days after leaving the hospital First 20 days 21 st thru 100 th day 101 st day and after	All approved amounts All but \$164.50 a day \$0	\$0 Up to \$164.50 a day \$0	\$0 \$0 All costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE You must meet Medicare’s requirements, including a doctor’s certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care.	Medicare copayment/coinsurance	\$0

***NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the 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.” During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

Medicare Select - Plan F

MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

* Once you have been billed \$183 of Medicare Approved amounts for covered services (which are noted with an Asterisk), your Part B Deductible will have been met for the calendar year.

** Provider restrictions apply.

Services	Medicare Pays	Medicare Select Plan F Pays	You Pay
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT** , such as Physician’s services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$183 of Medicare Approved amounts* Remainder of Medicare Approved amounts	\$0 Generally 80%	\$183 (Part B Deductible) Generally 20%	\$0 \$0
PART B EXCESS CHARGES (Above Medicare Approved amounts)	\$0	100%	\$0
BLOOD First 3 pints Next \$183 of Medicare Approved amounts* Remainder of Medicare Approved amounts	\$0 \$0 80%	All costs \$183 (Part B Deductible) 20%	\$0 \$0 \$0
CLINICAL LABORATORY SERVICES – Tests For Diagnostic Services	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE - MEDICARE APPROVED SERVICES – Medically necessary skilled care services and medical supplies – Durable medical equipment:	100%	\$0	\$0
■ First \$183 of Medicare Approved amounts*	\$0	\$183 (Part B Deductible)	\$0
■ Remainder of Medicare Approved amounts	80%	20%	\$0

OTHER BENEFITS – NOT COVERED BY MEDICARE

FOREIGN TRAVEL – NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA. First \$250 each calendar year Remainder of Charges	\$0 \$0	\$0 80% to a lifetime maximum benefit of \$50,000	\$250 20% and amounts over the \$50,000 lifetime maximum
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Rules and Disclosures about this Insurance

This page explains important rules governing your Medicare Select coverage. These rules affect you. Please read them carefully and make sure you understand them before you buy or change any Medicare supplement or Medicare Select insurance.

Premium information

UnitedHealthcare can only raise your premium if we raise the premium for all plans like yours in this State.

Disclosures

Use this outline to compare benefits and premiums among plans.

This outline shows benefits and premiums of policies sold for effective dates on or after June 1, 2010. Policies sold for effective dates prior to June 1, 2010 have different benefits and premiums. Plans E, H, I and J are no longer available for sale.

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.

Your right to return the certificate

If you find that you are not satisfied with your coverage, you may return the certificate to:

UnitedHealthcare
PO BOX 30607
Salt Lake City, UT 84130-0607

If you send the certificate back to us within 30 days after you receive it, we will treat the certificate as if it had never been issued and return all of your premium payments.

Policy replacement

If you are replacing another health insurance policy, do NOT cancel it until you have actually received your new certificate and are sure you want to keep it.

Notice

The certificate may not fully cover all of your medical costs. Neither UnitedHealthcare Insurance Company nor its agents are connected with Medicare. 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.

Complete answers are very important

When you fill out the enrollment application for the new certificate, be sure to answer all questions about your medical and health history truthfully and completely. The company may cancel your certificate and refuse to pay any claims if you leave out or falsify important medical information. Review the enrollment application carefully before you sign it. Be certain that all information has been properly recorded.

Grievance Procedure

Complaint and Grievance Procedure -

UnitedHealthcare has established a formal procedure to respond to customer complaints and grievances. UnitedHealthcare desires to provide a fair, accessible and responsive method of evaluating and resolving complaints and grievances. If UnitedHealthcare determines that any prior action that it has taken was incorrect, corrective action will be taken. You may, at any time, submit a written complaint to the Department of Insurance in your state.

Complaints - If you have a complaint, you may call us at 1-800-523-5880 or write to us at UnitedHealthcare, PO BOX 740807, Atlanta, GA 30374-0807. We will acknowledge all complaints within 15 days and will respond to all complaints within a reasonable period of time.

Grievances - If you are dissatisfied with our handling of a complaint or a claim denial, or are dissatisfied for any other reason, you may submit a formal grievance. Grievances must be in writing and contain the words "this is a grievance" to ensure that we understand the purpose of the communication. You must clearly state the nature of the grievance and send it to: UnitedHealthcare, PO BOX 740807, Atlanta, GA 30374-0807. We will acknowledge in writing all grievances within 15 days and respond to all grievances within a reasonable period of time. All grievances must be filed within 60 days or as soon as reasonably possible from the date of denial of benefits or other action giving rise to the grievance.

Florida Resident Directory

Participating Hospitals - Effective October 2016 For AARP® Medicare Select Plans C and F Only

Florida

Alachua County

UF Health Shands Hospital
1600 SW Archer Road
Gainesville, FL 32608
(352) 265-0111

UF Health Shands
Rehab Hospital
4101 NW 89th Boulevard
Gainesville, FL 32606
(352) 265-8938

Bay County

Bay Medical Center
615 North Bonita Avenue
Panama City, FL 32401
(850) 769-1511

Bradford County

Shands Starke Regional
Medical Center
922 East Call Street
Starke, FL 32091
(904) 368-2300

Broward County

Broward Health Coral Springs
3000 Coral Hills Drive
Coral Springs, FL 33065
(954) 344-3000

Broward Health Imperial Point
6401 North Federal Highway
Ft. Lauderdale, FL 33308
(954) 776-8500

Broward Health Medical Center
1600 South Andrews Avenue
Ft. Lauderdale, FL 33316
(954) 355-4400

Broward County

(Continued)

Broward Health North
201 East Sample Road
Deerfield Beach, FL 33064
(954) 941-8300

Cleveland Clinic Florida – Weston
3100 Weston Road
Weston, FL 33331
(954) 689-5000

North Shore Medical Center –
FMC Campus
5000 West Oakland Park
Boulevard
Fort Lauderdale, FL 33313
(954) 735-6000

Calhoun County

Calhoun Liberty Hospital
20370 NE Burns Avenue
Blountstown, FL 32424
(850) 674-5411

Charlotte County

Fawcett Memorial Hospital
21298 Olean Boulevard
Port Charlotte, FL 33952
(941) 629-1181

Citrus County

Citrus Memorial Hospital
502 West Highland Boulevard
Inverness, FL 34452
(352) 726-1551

Collier County

NCH Downtown Naples Hospital
350 Seventh Street North
Naples, FL 34102
(239) 624-5000

NCH North Naples Hospital
11190 Health Park Boulevard
Naples, FL 34110
(239) 552-7000

Columbia County

Shands Lake Shore Regional
Medical Center
368 NE Franklin Street
Lake City, FL 32055
(386) 292-8000

Duval County

UF Health Jacksonville
655 West Eighth Street
Jacksonville, FL 32209
(904) 244-0411

Franklin County

George E. Weems
Memorial Hospital
135 Avenue G
Apalachicola, FL 32320
(850) 653-8853

Hernando County

Oak Hill Hospital
11375 Cortez Boulevard
Brooksville, FL 34613
(352) 596-6632

Florida (Continued)

Hillsborough County

Brandon Regional Hospital
119 Oakfield Drive
Brandon, FL 33511
(813) 681-5551

Memorial Hospital of Tampa
2901 Swann Avenue
Tampa, FL 33609
(813) 873-6400

South Bay Hospital
4016 State Road 674
Sun City Center, FL 33573
(813) 634-3301

Tampa Community Hospital
6001 Webb Road
Tampa, FL 33615
(813) 888-7060

Holmes County

Doctors Memorial
Hospital – Holmes County
2600 Hospital Drive
Bonifay, FL 32425
(850) 547-8000

Leon County

Tallahassee Memorial Healthcare
1300 Miccosukee Road
Tallahassee, FL 32308
(850) 431-1155

Levy County

Regional General Hospital
of Williston
125 SW Seventh Street
Williston, FL 32696
(352) 528-2801

Manatee County

Blake Medical Center
2020 59th Street West
Bradenton, FL 34209
(941) 792-6611

Manatee County

(Continued)

Lakewood Ranch Medical Center
8330 Lakewood Ranch Boulevard
Bradenton, FL 34202
(941) 782-2100

Manatee Memorial Hospital
206 Second Street East
Bradenton, FL 34208
(941) 746-5111

Miami-Dade County

Coral Gables Hospital
3100 Douglas Road
Coral Gables, FL 33134
(305) 445-8461

HealthSouth Rehabilitation
Hospital – Miami
20601 Old Cutler Road
Miami, FL 33189
(305) 251-3800

Hialeah Hospital
651 East 25th Street
Hialeah, FL 33013
(305) 693-6100

Jackson Memorial Hospital
1611 NW 12th Avenue
Miami, FL 33136
(305) 585-1111

Jackson North Medical Center
160 NW 170th Street
North Miami Beach, FL 33169
(305) 651-1100

Jackson South
Community Hospital
9333 SW 152nd Street
Miami, FL 33157
(305) 251-2500

Miami-Dade County

(Continued)

Miami Jewish Home and Hospital
5200 NE 2nd Avenue
Miami, FL 33137
(305) 751-8626

North Shore Medical Center
1100 NW 95th Street
Miami, FL 33150
(305) 835-6000

Palmetto General Hospital
2001 West 68th Street
Hialeah, FL 33016
(305) 823-5000

Westchester General Hospital
2500 SW 75th Avenue
Miami, FL 33155
(305) 264-5252

Palm Beach County

Delray Medical Center
5352 Linton Boulevard
Delray Beach, FL 33484
(561) 498-4440

Good Samaritan Medical Center
1309 North Flagler Drive
West Palm Beach, FL 33401
(561) 655-5511

Jupiter Medical Center
1210 South Old Dixie Highway
Jupiter, FL 33458
(561) 263-2234

Lakeside Medical Center
39200 Hooker Highway
Belle Glade, FL 33430
(561) 996-6571

Palm Beach Gardens
Medical Center
3360 Burns Road
Palm Beach Gardens, FL 33410
(561) 622-1411

Florida (Continued)

Palm Beach County

(Continued)

Pinecrest Rehabilitation Hospital
5360 Linton Boulevard
Delray Beach, FL 33484
(561) 495-0400

Saint Mary's Medical Center
901 45th Street
West Palm Beach, FL 33407
(561) 844-6300

Wellington Regional
Medical Center
10101 Forest Hill Boulevard
Wellington, FL 33414
(561) 798-8500

West Boca Medical Center
21644 State Road 7
Boca Raton, FL 33428
(561) 488-8000

Pasco County

Medical Center of Trinity
9330 State Road 54
Trinity, FL 34655
(727) 834-4000

Medical Center of Trinity –
West Pasco Campus
5637 Marine Parkway
New Port Richey, FL 34652
(727) 845-9180

Regional Medical Center –
Bayonet Point
14000 Fivay Road
Hudson, FL 34667
(727) 819-2929

Pinellas County

Largo Medical Center
201 14th Street SW
Largo, FL 33770
(727) 588-5200

Largo Medical Center Indian
Rocks Campus
2025 Indian Rocks Road
Largo, FL 33774
(727) 588-5200

Northside Hospital and
Heart Institute
6000 49th Street North
St. Petersburg, FL 33709
(727) 521-4411

Palms of Pasadena Hospital
1501 Pasadena Avenue South
St. Petersburg, FL 33707
(727) 381-1000

St. Petersburg General Hospital
6500 38th Avenue North
St. Petersburg, FL 33710
(727) 384-1414

Sarasota County

Doctors Hospital of Sarasota
5731 Bee Ridge Road
Sarasota, FL 34233
(941) 342-1100

Englewood Community Hospital
700 Medical Boulevard
Englewood, FL 34223
(941) 475-6571

Suwannee County

Shands Live Oak Regional
Medical Center
1100 SW 11th Street
Live Oak, FL 32064
(386) 362-0800

Taylor County

Doctors Memorial Hospital –
Taylor County
333 North Byron Butler Parkway
Perry, FL 32347
(850) 584-0800

Volusia County

Halifax Medical Center of
Daytona Beach
303 North Clyde Morris
Boulevard
Daytona Beach, FL 32114
(386) 254-4000

Halifax Medical Center
of Port Orange
1041 Dunlawton Avenue
Port Orange, FL 32127
(386) 322-4700

Alabama

Covington County

Andalusia Regional Hospital
849 South Three Notch Street
Andalusia, AL 36420
(334) 222-8466

Houston County

Flowers Hospital
4370 West Main Street
Dothan, AL 36305
(334) 793-5000

Southeast Alabama Medical
Center
1108 Ross Clark Circle
Dothan, AL 36301
(334) 793-8111

Georgia

Brooks County

Brooks County Hospital
903 North Court Street
Quitman, GA 31643
(229) 263-4171

Grady County

Grady General Hospital
1155 Fifth Street SE
Cairo, GA 39828
(229) 377-1150

Decatur County

Memorial Hospital and Manor
1500 East Shotwell Street
Bainbridge, GA 39819
(229) 246-3500

Thomas County

John D. Archbold
Memorial Hospital
Gordon Avenue at Mimosa Drive
Thomasville, GA 31792
(229) 228-2000



Participating Hospitals listed in this directory are subject to change. For health systems with multiple hospitals, all locations may not participate. Check with your doctor to make sure he or she has admitting privileges at a network hospital. Prior to scheduling any inpatient or outpatient hospital service it is recommended you contact Customer Service at 1-800-523-5800 (any weekday between 7 a.m. and 11 p.m., and on Saturdays between 9 a.m. and 5 p.m., Eastern Time) for a current listing of participating hospitals in your area. You may also call this number to obtain a directory of participating hospitals for other areas when you will be traveling.

All participating hospitals are open 24 hours a day, 7 days a week.

Your Medicare Select policy will only pay full supplemental benefits if covered services are obtained through specified participating hospitals. Medicare Select policies deny payment or pay less than the full benefit if you use a non-participating hospital for non-emergency services.

For AARP® Medicare Select Plans Only

Florida - Effective April 2017

Medicare Select C and Select F are available to individuals in the following zip code areas:

32003	32060	32110	32140	32187	32226	32302	32334	32405	32443	32565	32627
32004	32061	32111	32141	32189	32227	32303	32335	32406	32444	32567	32628
32006	32062	32112	32142	32190	32228	32304	32336	32407	32445	32568	32631
32007	32063	32113	32143	32192	32229	32305	32337	32408	32446	32570	32633
32008	32064	32114	32145	32193	32231	32306	32340	32409	32447	32577	32634
32009	32065	32115	32147	32195	32232	32307	32341	32410	32448	32578	32635
32011	32066	32116	32148	32198	32233	32308	32343	32411	32449	32580	32639
32013	32067	32117	32149	32201	32234	32309	32344	32412	32452	32588	32640
32024	32068	32118	32157	32202	32235	32310	32345	32413	32455	32601	32641
32025	32071	32119	32158	32203	32236	32311	32346	32417	32456	32602	32643
32026	32072	32120	32159	32204	32237	32312	32347	32420	32457	32603	32644
32030	32073	32121	32160	32205	32238	32313	32348	32421	32459	32604	32648
32033	32079	32122	32162	32206	32239	32314	32350	32422	32460	32605	32653
32034	32080	32123	32163	32207	32240	32315	32351	32423	32461	32606	32654
32035	32081	32124	32164	32208	32241	32316	32352	32424	32462	32607	32655
32038	32082	32125	32168	32209	32244	32317	32353	32425	32463	32608	32656
32040	32083	32126	32169	32210	32245	32318	32355	32426	32464	32609	32658
32041	32084	32127	32170	32211	32246	32320	32356	32427	32465	32610	32662
32042	32085	32128	32173	32212	32247	32321	32357	32428	32466	32611	32663
32043	32086	32129	32174	32214	32250	32322	32358	32430	32531	32612	32664
32044	32087	32130	32175	32216	32254	32323	32359	32431	32535	32614	32666
32046	32091	32131	32176	32217	32255	32324	32360	32432	32536	32615	32667
32050	32092	32132	32177	32218	32256	32326	32361	32433	32537	32616	32668
32052	32094	32133	32178	32219	32257	32327	32362	32434	32538	32617	32669
32053	32095	32134	32179	32220	32258	32328	32395	32435	32539	32618	32680
32054	32096	32135	32180	32221	32259	32329	32399	32437	32540	32619	32681
32055	32097	32136	32181	32222	32260	32330	32401	32438	32541	32621	32683
32056	32099	32137	32182	32223	32266	32331	32402	32439	32542	32622	32686
32058	32102	32138	32183	32224	32277	32332	32403	32440	32550	32625	32692
32059	32105	32139	32185	32225	32301	32333	32404	32442	32564	32626	32693

CONTINUED ON REVERSE ►

CONTINUED

32694	32745	32794	32854	33008	33062	33126	33164	33222	33316	33404	33442
32696	32746	32795	32855	33009	33063	33127	33165	33231	33317	33405	33443
32697	32747	32796	32856	33010	33064	33128	33166	33233	33318	33406	33444
32701	32750	32798	32857	33011	33065	33129	33167	33234	33319	33407	33445
32702	32751	32799	32858	33012	33066	33130	33168	33238	33320	33408	33446
32703	32752	32801	32859	33013	33067	33131	33169	33239	33321	33409	33448
32704	32753	32802	32860	33014	33068	33132	33170	33242	33322	33410	33449
32706	32754	32803	32861	33015	33069	33133	33172	33243	33323	33411	33454
32707	32756	32804	32862	33016	33070	33134	33173	33245	33324	33412	33455
32708	32757	32805	32867	33017	33071	33135	33174	33247	33325	33413	33458
32709	32759	32806	32868	33018	33072	33136	33175	33255	33326	33414	33459
32710	32762	32807	32869	33019	33073	33137	33176	33256	33327	33415	33460
32712	32763	32808	32872	33020	33074	33138	33177	33257	33328	33416	33461
32713	32764	32809	32878	33021	33075	33139	33178	33261	33329	33417	33462
32714	32765	32810	32885	33022	33076	33140	33179	33265	33330	33418	33463
32715	32766	32811	32886	33023	33077	33141	33180	33266	33331	33419	33464
32716	32767	32812	32891	33024	33081	33142	33181	33269	33332	33420	33465
32718	32768	32814	32896	33025	33082	33143	33182	33280	33334	33421	33466
32719	32771	32815	32897	33026	33083	33144	33183	33283	33335	33422	33467
32720	32772	32816	32899	33027	33084	33145	33184	33296	33336	33424	33468
32721	32773	32817	32922	33028	33090	33146	33185	33299	33337	33425	33469
32722	32774	32818	32924	33029	33092	33147	33186	33301	33338	33426	33470
32723	32775	32820	32926	33030	33093	33149	33187	33302	33339	33427	33471
32724	32776	32822	32927	33031	33097	33150	33188	33303	33340	33428	33472
32725	32777	32825	32953	33032	33101	33151	33189	33304	33345	33429	33473
32726	32778	32826	32954	33033	33102	33152	33190	33305	33346	33430	33474
32727	32779	32827	32959	33034	33106	33153	33191	33306	33348	33431	33475
32728	32780	32828	32960	33035	33109	33154	33192	33307	33349	33432	33476
32730	32781	32829	32961	33036	33111	33155	33193	33308	33351	33433	33477
32732	32783	32831	32962	33037	33112	33156	33194	33309	33355	33434	33478
32733	32784	32832	32963	33039	33114	33157	33195	33310	33359	33435	33480
32735	32789	32833	32964	33054	33116	33158	33196	33311	33388	33436	33481
32736	32790	32834	32965	33055	33119	33160	33197	33312	33394	33437	33482
32738	32791	32835	32968	33056	33122	33161	33198	33313	33401	33438	33483
32739	32792	32839	33002	33060	33124	33162	33199	33314	33402	33440	33484
32744	32793	32853	33004	33061	33125	33163	33206	33315	33403	33441	33486

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33499	33567	33613	33680	33742	33803	33854	33912	33965	34134	34230	34287
33503	33568	33614	33681	33743	33804	33856	33913	33966	34135	34231	34288
33508	33569	33615	33682	33744	33805	33858	33914	33967	34136	34232	34289
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33511	33572	33618	33686	33756	33809	33862	33917	33972	34139	34235	34292
33513	33573	33619	33687	33757	33810	33863	33918	33973	34140	34236	34293
33514	33574	33620	33688	33758	33811	33865	33919	33974	34141	34237	34295
33521	33575	33621	33689	33759	33812	33867	33920	33975	34142	34238	34420
33523	33576	33622	33694	33760	33813	33868	33921	33976	34143	34239	34421
33524	33578	33623	33701	33761	33815	33872	33922	33980	34145	34240	34423
33525	33579	33624	33702	33762	33820	33873	33924	33981	34146	34241	34428
33526	33583	33625	33703	33763	33823	33875	33927	33982	34201	34242	34429
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33540	33594	33635	33710	33771	33835	33885	33936	34102	34208	34266	34441
33541	33595	33637	33711	33772	33836	33888	33938	34103	34209	34267	34442
33542	33596	33646	33712	33773	33837	33890	33944	34104	34210	34268	34445
33543	33597	33647	33713	33774	33838	33896	33945	34105	34211	34269	34446
33544	33598	33650	33714	33775	33839	33897	33946	34106	34212	34270	34447
33545	33601	33655	33715	33776	33840	33898	33947	34107	34215	34272	34448
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33548	33603	33661	33729	33778	33843	33902	33949	34109	34217	34275	34450
33549	33604	33662	33730	33779	33844	33903	33950	34110	34218	34276	34451
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33556	33606	33664	33732	33781	33846	33905	33952	34113	34220	34278	34453

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34482	34673	34758	34988
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