# **Cover Page - Rates** Female Non-Tobacco Monthly Plan Rates for Pennsylvania - Area 1 AARP<sup>®</sup> Medicare Supplement Insurance Plans

insured by UnitedHealthcare Insurance Company

		Plans	Available to A	All Applicants				irst eligible 020 only⁴
G	roup 1	Applies to				be within ten y ective date, if la		their 65th
Age <sup>1</sup>	Plan A	Plan B	Plan G	Plan K	Plan L	Plan N	Plan C⁴	Plan F⁴
						ages 65-80 wł nditions on th		
65	\$88.90	\$145.48	\$148.53	\$58.56	\$101.87	\$127.03	\$197.18	\$197.64
66	\$88.90	\$145.48	\$148.53	\$58.56	\$101.87	\$127.03	\$197.18	\$197.64
67	\$88.90	\$145.48	\$148.53	\$58.56	\$101.87	\$127.03	\$197.18	\$197.64
68	\$88.90	\$145.48	\$148.53	\$58.56	\$101.87	\$127.03	\$197.18	\$197.64
69	\$93.28	\$152.64	\$155.84	\$61.44	\$106.88	\$133.28	\$206.88	\$207.36
70	\$97.65	\$159.79	\$163.14	\$64.32	\$111.89	\$139.52	\$216.57	\$217.08
71	\$102.02	\$166.95	\$170.45	\$67.20	\$116.90	\$145.77	\$226.27	\$226.80
72	\$106.39	\$174.10	\$152.02	\$235.97	\$236.52			
73	\$110.77	\$181.26	\$185.06	\$72.96	\$126.92	\$158.27	\$245.67	\$246.24
74	\$115.14	\$188.41	\$192.36	\$75.84	\$131.93	\$164.51	\$255.36	\$255.96
75	\$119.51	\$195.57	\$199.67	\$78.72	\$136.94	\$170.76	\$265.06	\$265.68
76	\$123.88	\$202.72	\$206.97	\$81.60	\$141.95	\$177.01	\$274.76	\$275.40
77	\$128.26	\$209.88	\$214.28	\$84.48	\$146.96	\$183.26	\$284.46	\$285.12
78	\$132.63	\$217.03	\$221.58	\$87.36	\$151.97	\$189.50	\$294.15	\$294.84
79	\$137.00	\$224.19	\$228.89	\$90.24	\$156.98	\$195.75	\$303.85	\$304.56
80	\$141.37	\$231.34	\$236.19	\$93.12	\$161.99	\$202.00	\$313.55	\$314.28
	Standard	d Rates for ind h	dividuals age have any of th	s 81 and olde le medical co	er whose acce nditions on th	ptance is gua ne application	ranteed <u>or</u> wh ³.	io do not
81+	\$145.75	\$238.50	\$243.50	\$96.00	\$167.00	\$208.25	\$323.25	\$324.00
	Level 2	_				ptance is not on the applica		<u>nd</u> who
65+	\$218.62	\$357.75	\$462.65	\$144.00	\$250.50	\$395.67	\$484.87	\$486.00
G	roup 2	Applies to				be ten or more y ective date, if la		their 65th
Age <sup>1</sup>	Plan A	Plan B	Plan G	Plan K	Plan L	Plan N	Plan C⁴	Plan F⁴
	Level 1					otance is guar ne application		o do not
75+	\$160.32	\$262.35	\$267.85	\$105.60	\$183.70	\$229.07	\$355.57	\$356.40
	Level 2					ptance is not on the applica		nd who
75+	\$218.62	\$357.75	\$462.65	\$144.00	\$250.50	\$395.67	\$484.87	\$486.00

# **Cover Page - Rates** Female Tobacco Monthly Plan Rates for Pennsylvania - Área 1 AARP<sup>®</sup> Medicare Supplement Insurance Plans

insured by UnitedHealthcare Insurance Company

		Plans	Available to A	All Applicants				irst eligible 020 only⁴
G	roup 1	Applies to				be within ten y ective date, if la		their 65th
Age <sup>1</sup>	Plan A	Plan B	Plan G	Plan K	Plan L	Plan N	Plan C <sup>4</sup>	Plan F <sup>4</sup>
						ages 65-80 wł nditions on th		
65	\$97.79	\$160.03	\$163.38	\$64.41	\$112.05	\$139.73	\$216.89	\$217.40
66	\$97.79	\$160.03	\$163.38	\$64.41	\$112.05	\$139.73	\$216.89	\$217.40
67	\$97.79	\$160.03	\$163.38	\$64.41	\$112.05	\$139.73	\$216.89	\$217.40
68	\$97.79	\$160.03	\$163.38	\$64.41	\$112.05	\$139.73	\$216.89	\$217.40
69	\$102.60	\$167.90	\$171.42	\$67.58	\$117.56	\$146.60	\$227.56	\$228.09
70	\$107.41	\$175.77	\$179.45	\$70.75	\$123.07	\$153.47	\$238.23	\$238.78
71	\$112.22	\$183.64	\$187.49	\$73.92	\$128.59	\$160.34	\$248.89	\$249.48
72	\$117.03	\$191.51	\$259.56	\$260.17				
73	\$121.84							\$270.86
74	\$126.65	\$207.25	\$211.60	\$83.42	\$145.12	\$180.96	\$280.90	\$281.55
75	\$131.46	\$215.12	\$219.63	\$86.59	\$150.63	\$187.83	\$291.56	\$292.24
76	\$136.27	\$222.99	\$227.67	\$89.76	\$156.14	\$194.70	\$302.23	\$302.94
77	\$141.08	\$230.86	\$235.70	\$92.92	\$161.65	\$201.58	\$312.90	\$313.63
78	\$145.89	\$238.73	\$243.74	\$96.09	\$167.16	\$208.45	\$323.56	\$324.32
79	\$150.70	\$246.60	\$251.77	\$99.26	\$172.67	\$215.32	\$334.23	\$335.01
80	\$155.51	\$254.47	\$259.81	\$102.43	\$178.18	\$222.19	\$344.90	\$345.70
	Standard	d Rates for ind ł	dividuals age have any of th	s 81 and olde le medical co	r whose acce nditions on th	ptance is gua ne application	ranteed <u>or</u> wh ³.	o do not
81+	\$160.32	\$262.35	\$267.85	\$105.60	\$183.70	\$229.07	\$355.57	\$356.40
	Level 2	-	-	· · ·		ptance is not on the applica		<u>nd</u> who
65+	\$240.48	\$393.52	\$508.91	\$158.40	\$275.55	\$435.23	\$533.35	\$534.60
G	roup 2	Applies to				e ten or more y ective date, if la		their 65th
Age <sup>1</sup>	Plan A	Plan B	Plan G	Plan K	Plan L	Plan N	Plan C <sup>4</sup>	Plan F⁴
	Level 1					otance is guar ne application		o do not
75+	\$176.35	\$288.58	\$294.63	\$116.16	\$202.07	\$251.97	\$391.12	\$392.04
	Level 2					ptance is not on the applica		nd who
75+	\$240.48	\$393.52	\$508.91	\$158.40	\$275.55	\$435.23	\$533.35	\$534.60

# **Cover Page - Rates** Male Non-Tobacco Monthly Plan Rates for Pennsylvania - Area 1 AARP<sup>®</sup> Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

		Plans	Available to A	All Applicants				irst eligible 020 only⁴
G	roup 1	Applies to	o individuals w birt	hose plan effe hday or Medic	ective date will care Part B effe	be within ten y ective date, if la	ears following ater.	their 65th
Age <sup>1</sup>	Plan A	Plan B	Plan G	Plan K	Plan L	Plan N	Plan C <sup>4</sup>	Plan F <sup>4</sup>
						ages 65-80 wł nditions on th		
65	\$100.19	\$164.09	\$167.44	\$66.18	\$114.98	\$143.19	\$222.34	\$222.95
66	\$100.19	\$164.09	\$167.44	\$66.18	\$114.98	\$143.19	\$222.34	\$222.95
67	\$100.19	\$164.09	\$167.44	\$66.18	\$114.98	\$143.19	\$222.34	\$222.95
68	\$100.19	\$164.09	\$167.44	\$66.18	\$114.98	\$143.19	\$222.34	\$222.95
69	\$105.12	\$172.16	\$175.68	\$69.44	\$120.64	\$150.24	\$233.28	\$233.92
70	\$110.04	\$180.23	\$183.91	\$72.69	\$126.29	\$157.28	\$244.21	\$244.88
71	\$114.97	\$188.30	\$192.15	\$75.95	\$131.95	\$164.32	\$255.15	\$255.85
72	\$119.90	\$266.08	\$266.81					
73	\$119.90\$196.37\$200.38\$79.20\$137.60\$1\$124.83\$204.44\$208.62\$82.46\$143.26\$1						\$277.02	\$277.78
74	\$129.75	\$212.51	\$216.85	\$85.71	\$148.91	\$148.91 \$185.45		\$288.74
75	\$134.68	\$220.58	\$225.09	\$88.97	\$154.57	\$192.49	\$298.89	\$299.71
76	\$139.61	\$228.65	\$233.32	\$92.22	\$160.22	\$199.53	\$309.82	\$310.67
77	\$144.54	\$236.72	\$241.56	\$95.48	\$165.88	\$206.58	\$320.76	\$321.64
78	\$149.46	\$244.79	\$249.79	\$98.73	\$171.53	\$213.62	\$331.69	\$332.60
79	\$154.39	\$252.86	\$258.03	\$101.99	\$177.19	\$220.66	\$342.63	\$343.57
80	\$159.32	\$260.93	\$266.26	\$105.24	\$182.84	\$227.70	\$353.56	\$354.53
	Standard	d Rates for ind h	dividuals age have any of th	s 81 and olde le medical co	r whose acce nditions on th	ptance is gua e application	ranteed <u>or</u> wh ³.	o do not
81+	\$164.25	\$269.00	\$274.50	\$108.50	\$188.50	\$234.75	\$364.50	\$365.50
	Level 2		•	e 41		ptance is not on the applica	<u> </u>	<u>nd</u> who
65+	\$246.37	\$403.50	\$521.55	\$162.75	\$282.75	\$446.02	\$546.75	\$548.25
G	roup 2	Applies to				be ten or more y ective date, if la		their 65th
Age <sup>1</sup>	Plan A	Plan B	Plan G	Plan K	Plan L	Plan N	Plan C⁴	Plan F⁴
	Level 1					otance is guar he application		o do not
75+	\$180.67	\$295.90	\$301.95	\$119.35	\$207.35	\$258.22	\$400.95	\$402.05
	Level 2					ptance is not on the applica		nd who
75+	\$246.37	\$403.50	\$521.55	\$162.75	\$282.75	\$446.02	\$546.75	\$548.25

# **Cover Page - Rates** Male Tobacco Monthly Plan Rates for Pennsylvania - Area 1 AARP<sup>®</sup> Medicare Supplement Insurance Plans

insured by UnitedHealthcare Insurance Company

		Plans	Available to A	All Applicants				irst eligible 020 only⁴
G	roup 1	Applies to				be within ten y ective date, if la		their 65th
Age <sup>1</sup>	Plan A	Plan B	Plan G	Plan K	Plan L	Plan N	Plan C⁴	Plan F⁴
	Stand	dard Rates wi guaranteed <u>or</u>	th Enrollmen who do not h	t Discount <sup>2</sup> fo nave any of th	or individuals ne medical co	ages 65-80 wł nditions on th	nose acceptar le application <sup>3</sup>	nce is <sup>3</sup> .
65	\$110.20	\$180.49	\$184.18	\$72.80	\$126.48	\$157.51	\$244.57	\$245.25
66	\$110.20	\$180.49	\$184.18	\$72.80	\$126.48	\$157.51	\$244.57	\$245.25
67	\$110.20	\$180.49	\$184.18	\$72.80	\$126.48	\$157.51	\$244.57	\$245.25
68	\$110.20	\$180.49	\$184.18	\$72.80	\$126.48	\$157.51	\$244.57	\$245.25
69	\$115.62	\$189.37	\$193.24	\$76.38	\$132.70	\$165.26	\$256.60	\$257.31
70	\$121.04	\$198.25	\$202.30	\$79.96	\$138.92	\$173.00	\$268.63	\$269.37
71	\$126.46	\$207.13	\$211.36	\$83.54	\$145.14	\$180.75	\$280.66	\$281.43
72	\$131.88	\$216.00	\$292.69	\$293.49				
73	\$137.30	\$224.88	\$229.48	\$90.70	\$157.58	\$196.24	\$304.72	\$305.55
74	\$142.72	\$233.76	\$238.54	\$94.28	\$163.80	\$203.99	\$316.75	\$317.61
75	\$148.14	\$242.63	\$247.59	\$97.86	\$170.02	\$211.74	\$328.77	\$329.68
76	\$153.56	\$251.51	\$256.65	\$101.44	\$176.24	\$219.48	\$340.80	\$341.74
77	\$158.98	\$260.39	\$265.71	\$105.02	\$182.46	\$227.23	\$352.83	\$353.80
78	\$164.40	\$269.26	\$274.77	\$108.60	\$188.68	\$234.98	\$364.86	\$365.86
79	\$169.82	\$278.14	\$283.83	\$112.18	\$194.90	\$242.72	\$376.89	\$377.92
80	\$175.24	\$287.02	\$292.89	\$115.76	\$201.12	\$250.47	\$388.92	\$389.98
	Standard	d Rates for ind h	dividuals age have any of th	s 81 and olde le medical co	r whose acce nditions on th	ptance is gua	ranteed <u>or</u> wh <sup>3</sup> .	o do not
81+	\$180.67	\$295.90	\$301.95	\$119.35	\$207.35	\$258.22	\$400.95	\$402.05
	Level 2					ptance is not on the applica		<u>nd</u> who
65+	\$271.00	\$443.85	\$573.70	\$179.02	\$311.02	\$490.61	\$601.42	\$603.07
G	roup 2	Applies to				be ten or more y ective date, if la		their 65th
Age <sup>1</sup>	Plan A	Plan B	Plan G	Plan K	Plan L	Plan N	Plan C⁴	Plan F <sup>₄</sup>
	Level 1					otance is guar ne application		o do not
75+	\$198.73	\$325.49	\$332.14	\$131.28	\$228.08	\$284.04	\$441.04	\$442.25
	Level 2					ptance is not on the applica		nd who
75+	\$271.00	\$443.85	\$573.70	\$179.02	\$311.02	\$490.61	\$601.42	\$603.07

### Cover Page - Rates Under 65 Monthly Plan Rates for Pennsylvania - Area 1

AARP<sup>®</sup> Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

		Plans	Available to A	All Applicants	i		Medicare first eligible before 2020 only⁴					
G	roup 3		Applies to	o individuals a	ge 50-64 who	are eligible for l	Medicare.					
Age <sup>1</sup>	Plan A	Plan B	Plan N	Plan C⁴	Plan F <sup>4</sup>							
	Female Rates											
50-64	\$88.90	\$145.48	\$148.53	\$58.56	\$101.87	\$127.03	\$197.18	\$197.64				
		Male Rates										
50-64	\$100.19	\$164.09 \$167.44 \$66.18 \$114.98 \$143.19 \$222.34 \$222.95										

The rates above are for plan effective dates from June 2022 - May 2023 and may change.

1 Your age as of your plan effective date.

2 The **Enrollment Discount** is available to applicants age 65 to 80. You may qualify for an Enrollment Discount based on your age and your Medicare Part B effective date. If you are eligible, the discounted rates will be shown.

#### Who is eligible

You are eligible for the enrollment discount if you are between the ages of 65 and 80 and your plan effective date is within ten years following your 65th birthday or Medicare Part B effective date, if later, and you do not have any medical conditions on the application that would qualify you for the Level 2 rate.

The Level 2 rates do not apply to individuals who meet Medigap Open Enrollment or Guaranteed Issue.

#### How it works

The Enrollment Discount is applied to the current Standard Rate. The Standard Rates usually change each year. The discount you receive in your first year of coverage depends on your age on your plan effective date. After age 68, the discount percentage reduces 3% each year on the anniversary date of your plan until the discount runs out.

- 3 Refer to Section 6 of the application.
- 4 **IMPORTANT:** Plans C and F are only available to eligible Applicants (a) with a 65th birthday prior to 1/1/2020 or (b) with a Medicare Part A effective date prior to 1/1/2020.

## PENNSYLVANIA Area 1 ZIP Codes

The ZIP Codes Below Apply to Rates Included on the Page Headed "Cover Page – Rates"

	18039	18938	19004	19044	19089	19128	19176	19341	19398	19456
	18041	18940	19006	19046	19090	19129	19177	19342	19399	19457
	18054	18942	19007	19047	19091	19130	19178	19343	19401	19460
	18070	18943	19008	19048	19092	19131	19179	19344	19403	19462
	18073	18944	19009	19049	19093	19132	19181	19345	19404	19464
	18074	18946	19010	19050	19094	19133	19182	19346	19405	19465
	18076	18947	19012	19052	19095	19134	19183	19347	19406	19468
	18077	18949	19013	19053	19096	19135	19184	19348	19407	19470
	18081	18950	19014	19054	19098	19136	19185	19350	19408	19472
	18084	18951	19015	19055	19099	19137	19187	19351	19409	19473
	18901	18953	19016	19056	19101	19138	19188	19352	19415	19474
	18902	18954	19017	19057	19102	19139	19190	19353	19421	19475
	18910	18955	19018	19058	19103	19140	19191	19354	19422	19477
	18911	18956	19019	19060	19104	19141	19192	19355	19423	19478
	18912	18957	19020	19061	19105	19142	19193	19357	19424	19480
	18913	18958	19021	19063	19106	19143	19194	19358	19425	19481
	18914	18960	19022	19064	19107	19144	19195	19360	19426	19482
	18915	18962	19023	19065	19108	19145	19196	19362	19428	19484
	18916	18963	19025	19066	19109	19146	19197	19363	19429	19486
	18917	18964	19026	19067	19110	19147	19244	19365	19430	19490
	18918	18966	19027	19070	19111	19148	19255	19366	19432	19492
	18920	18968	19028	19072	19112	19149	19301	19367	19435	19493
	18921	18969	19029	19073	19113	19150	19310	19369	19436	19494
	18922	18970	19030	19074	19114	19151	19311	19371	19437	19495
	18923	18971	19031	19075	19115	19152	19312	19372	19438	19496
	18925	18972	19032	19076	19116	19153	19316	19373	19440	19520
	18927	18974	19033	19078	19118	19154	19317	19374	19441	19525
	18928	18976	19034	19079	19119	19155	19318	19375	19442	
	18929	18977	19035	19080	19120	19160	19319	19376	19443	
	18930	18979	19036	19081	19121	19161	19320	19380	19444	
	18931	18980	19037	19082	19122	19162	19330	19381	19446	
	18932	18981	19038	19083	19123	19170	19331	19382	19450	
	18933	18991	19039	19085	19124	19171	19333	19383	19451	
	18934	19001	19040	19086	19125	19172	19335	19390	19453	
	18935	19002	19041	19087	19126	19173	19339	19395	19454	
	18936	19003	19043	19088	19127	19175	19340	19397	19455	
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# **Cover Page - Rates** Female Non-Tobacco Monthly Plan Rates for Pennsylvania - Area 2 AARP<sup>®</sup> Medicare Supplement Insurance Plans

insured by UnitedHealthcare Insurance Company

		Plans	Available to A	All Applicants				irst eligible 020 only⁴
G	roup 1	Applies to	o individuals w birt	hose plan effe hday or Medic	ective date will care Part B effe	be within ten y ective date, if la	ears following ater.	their 65th
Age <sup>1</sup>	Plan A	Plan B	Plan G	Plan K	Plan L	Plan N	Plan C⁴	Plan F⁴
						ages 65-80 wł nditions on th		
65	\$82.35	\$134.81	\$137.55	\$54.29	\$94.39	\$117.73	\$182.69	\$183.15
66	\$82.35	\$134.81	\$137.55	\$54.29	\$94.39	\$117.73	\$182.69	\$183.15
67	\$82.35	\$134.81	\$137.55	\$54.29	\$94.39	\$117.73	\$182.69	\$183.15
68	\$82.35	\$134.81	\$137.55	\$54.29	\$94.39	\$117.73	\$182.69	\$183.15
69	\$86.40	\$141.44	\$144.32	\$56.96	\$99.04	\$123.52	\$191.68	\$192.16
70	\$90.45	\$148.07	\$151.08	\$59.63	\$103.68	\$129.31	\$200.66	\$201.16
71	\$94.50	\$154.70	\$157.85	\$62.30	\$108.32	\$135.10	\$209.65	\$210.17
72	\$98.55 \$161.33 \$164.61 \$64.97 \$112.96 \$140.89							\$219.18
73	\$102.60	\$167.96	\$171.38	\$67.64	\$117.61	\$146.68	\$227.62	\$228.19
74	\$106.65	\$174.59	\$178.14	\$70.31	\$122.25	\$152.47	\$236.60	\$237.19
75	\$110.70	\$181.22	\$184.91	\$72.98	\$126.89	\$158.26	\$245.59	\$246.20
76	\$114.75	\$187.85	\$191.67	\$75.65	\$131.53	\$164.05	\$254.57	\$255.21
77	\$118.80	\$194.48	\$198.44	\$78.32	\$136.18	\$169.84	\$263.56	\$264.22
78	\$122.85	\$201.11	\$205.20	\$80.99	\$140.82	\$175.63	\$272.54	\$273.22
79	\$126.90	\$207.74	\$211.97	\$83.66	\$145.46	\$181.42	\$281.53	\$282.23
80	\$130.95	\$214.37	\$218.73	\$86.33	\$150.10	\$187.21	\$290.51	\$291.24
	Standard	d Rates for ind ł	dividuals age have any of th	s 81 and olde le medical co	r whose acce nditions on th	ptance is gua ne application	ranteed <u>or</u> wh <sup>3</sup> .	o do not
81+	\$135.00	\$221.00	\$225.50	\$89.00	\$154.75	\$193.00	\$299.50	\$300.25
	Level 2	_				ptance is not on the applica		<u>nd</u> who
65+	\$202.50	\$331.50	\$428.45	\$133.50	\$232.12	\$366.70	\$449.25	\$450.37
G	roup 2	Applies to				e ten or more y ective date, if la		their 65th
Age <sup>1</sup>	Plan A	Plan B	Plan G	Plan K	Plan L	Plan N	Plan C⁴	Plan F⁴
	Level 1					otance is guar ne application		o do not
75+	\$148.50	\$243.10	\$248.05	\$97.90	\$170.22	\$212.30	\$329.45	\$330.27
	Level 2					ptance is not on the applica		nd who
75+	\$202.50	\$331.50	\$428.45	\$133.50	\$232.12	\$366.70	\$449.25	\$450.37

# **Cover Page - Rates** Female Tobacco Monthly Plan Rates for Pennsylvania - Área 2 AARP<sup>®</sup> Medicare Supplement Insurance Plans

insured by UnitedHealthcare Insurance Company

		Plans	Available to A	All Applicants				irst eligible 020 only⁴
G	roup 1	Applies to				be within ten y ective date, if la		their 65th
Age <sup>1</sup>	Plan A	Plan B	Plan G	Plan K	Plan L	Plan N	Plan C <sup>4</sup>	Plan F⁴
	Stand	dard Rates wi guaranteed <u>or</u>	th Enrollmen who do not l	t Discount <sup>2</sup> fo nave any of th	or individuals ne medical co	ages 65-80 wł nditions on th	nose acceptar le application <sup>3</sup>	nce is <sup>3</sup> .
65	\$90.58	\$148.29	\$151.31	\$59.71	\$103.83	\$129.50	\$200.96	\$201.46
66	\$90.58	\$148.29	\$151.31	\$59.71	\$103.83	\$129.50	\$200.96	\$201.46
67	\$90.58	\$148.29	\$151.31	\$59.71	\$103.83	\$129.50	\$200.96	\$201.46
68	\$90.58	\$148.29	\$151.31	\$59.71	\$103.83	\$129.50	\$200.96	\$201.46
69	\$95.04	\$155.58	\$158.75	\$62.65	\$108.94	\$135.87	\$210.84	\$211.37
70	\$99.49	\$162.87	\$166.19	\$65.59	\$114.04	\$142.24	\$220.73	\$221.28
71	\$103.95	\$170.17	\$173.63	\$68.53	\$119.15	\$148.61	\$230.61	\$231.18
72	\$108.40	\$177.46	\$154.97	\$240.49	\$241.09			
73	\$112.86	\$184.75	\$188.51	\$74.40	\$129.36	\$161.34	\$250.38	\$251.00
74	\$117.31	\$192.04	\$195.95	\$77.34	\$134.47	\$167.71	\$260.26	\$260.91
75	\$121.77	\$199.34	\$203.40	\$80.27	\$139.58	\$174.08	\$270.14	\$270.82
76	\$126.22	\$206.63	\$210.84	\$83.21	\$144.68	\$180.45	\$280.03	\$280.72
77	\$130.68	\$213.92	\$218.28	\$86.15	\$149.79	\$186.82	\$289.91	\$290.63
78	\$135.13	\$221.22	\$225.72	\$89.08	\$154.90	\$193.19	\$299.79	\$300.54
79	\$139.59	\$228.51	\$233.16	\$92.02	\$160.00	\$199.56	\$309.68	\$310.45
80	\$144.04	\$235.80	\$240.60	\$94.96	\$165.11	\$205.93	\$319.56	\$320.36
	Standard	d Rates for ind ł	dividuals age have any of th	s 81 and olde e medical co	r whose acce nditions on th	ptance is gua	ranteed <u>or</u> wh <sup>3</sup> .	io do not
81+	\$148.50	\$243.10	\$248.05	\$97.90	\$170.22	\$212.30	\$329.45	\$330.27
	Level 2					ptance is not on the applica		<u>nd</u> who
65+	\$222.75	\$364.65	\$471.29	\$146.85	\$255.33	\$403.37	\$494.17	\$495.40
G	roup 2	Applies to				be ten or more y ective date, if la		their 65th
Age <sup>1</sup>	Plan A	Plan B	Plan G	Plan K	Plan L	Plan N	Plan C⁴	Plan F <sup>₄</sup>
	Level 1					otance is guar ne application		o do not
75+	\$163.35	\$267.41	\$272.85	\$107.69	\$187.24	\$233.53	\$362.39	\$363.29
	Level 2					ptance is not on the applica		nd who
75+	\$222.75	\$364.65	\$471.29	\$146.85	\$255.33	\$403.37	\$494.17	\$495.40

# **Cover Page - Rates** Male Non-Tobacco Monthly Plan Rates for Pennsylvania - Área 2 AARP<sup>®</sup> Medicare Supplement Insurance Plans

insured by UnitedHealthcare Insurance Company

		Plans	Available to A	All Applicants				irst eligible 020 only⁴	
G	roup 1	Applies to				be within ten y ective date, if la	ears following ater.	their 65th	
Age <sup>1</sup>	Plan A	Plan B	Plan G	Plan K	Plan L	Plan N	Plan C⁴	Plan F⁴	
	Stand	dard Rates wi guaranteed <u>or</u>	th Enrollmen who do not l	t Discount <sup>2</sup> fo nave any of th	or individuals ne medical co	ages 65-80 wl nditions on th	nose acceptar le application <sup>3</sup>	ice is <sup>3</sup> .	
65	\$92.72	\$151.89	\$155.24	\$61.30	\$106.59	\$132.67	\$205.87	\$206.63	
66	\$92.72	\$151.89	\$155.24	\$61.30	\$106.59	\$132.67	\$205.87	\$206.63	
67	\$92.72	\$151.89	\$155.24	\$61.30	\$106.59	\$132.67	\$205.87	\$206.63	
68	\$92.72	\$151.89	\$155.24	\$61.30	\$106.59	\$132.67	\$205.87	\$206.63	
69	\$97.28	\$159.36	\$162.88	\$64.32	\$111.84	\$139.20	\$216.00	\$216.80	
70	\$101.84	\$166.83	\$170.51	\$67.33	\$117.08	\$145.72	\$226.12	\$226.96	
71	\$106.40	\$174.30	\$178.15	\$70.35	\$122.32	\$152.25	\$236.25	\$237.12	
72	\$110.96	\$181.77	\$158.77	\$246.37	\$247.28				
73	\$115.52	\$189.24	\$193.42	\$76.38	\$132.81	\$165.30	\$256.50	\$257.45	
74	\$120.08	\$196.71	\$201.05	\$79.39	\$138.05 \$171.82		\$266.62	\$267.61	
75	\$124.64	\$204.18	\$208.69	\$82.41	\$143.29	\$178.35	\$276.75	\$277.77	
76	\$129.20	\$211.65	\$216.32	\$85.42	\$148.53	\$184.87	\$286.87	\$287.93	
77	\$133.76	\$219.12	\$223.96	\$88.44	\$153.78	\$191.40	\$297.00	\$298.10	
78	\$138.32	\$226.59	\$231.59	\$91.45	\$159.02	\$197.92	\$307.12	\$308.26	
79	\$142.88	\$234.06	\$239.23	\$94.47	\$164.26	\$204.45	\$317.25	\$318.42	
80	\$147.44	\$241.53	\$246.86	\$97.48	\$169.50	\$210.97	\$327.37	\$328.58	
	Standard	d Rates for ind h	dividuals age have any of th	s 81 and olde le medical co	r whose acce nditions on th	ptance is gua ne application	ranteed <u>or</u> wh <sup>3</sup> .	o do not	
81+	\$152.00	\$249.00	\$254.50	\$100.50	\$174.75	\$217.50	\$337.50	\$338.75	
	Level 2					ptance is not on the applica	guaranteed <u>ar</u> ition <sup>3</sup> .	<u>ıd</u> who	
65+	\$228.00	\$373.50	\$483.55	\$150.75	\$262.12	\$413.25	\$506.25	\$508.12	
G	roup 2	Applies to				e ten or more y ective date, if la	vears following ter.	their 65th	
Age <sup>1</sup>	Plan A	Plan B	Plan G	Plan K	Plan L	Plan N	Plan C⁴	Plan F⁴	
	Level 1					otance is guar ne application	anteed <u>or</u> who <sup>3</sup> .	o do not	
75+	<b>75+</b> \$167.20 \$273.90 \$279.95 \$110.55 \$192.22 \$239.25 \$371.25 \$372.62								
	Level 2					ptance is not on the applica	guaranteed <u>a</u>	<u>nd</u> who	
75+	\$228.00	\$373.50	\$483.55	\$150.75	\$262.12	\$413.25	\$506.25	\$508.12	

### Cover Page - Rates Male Tobacco Monthly Plan Rates for Pennsylvania - Area 2

AARP<sup>®</sup> Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

		Plans	Available to A	All Applicants				irst eligible 020 only⁴
G	roup 1	Applies to				be within ten y ective date, if la		their 65th
Age <sup>1</sup>	Plan A	Plan B	Plan G	Plan K	Plan L	Plan N	Plan C⁴	Plan F⁴
	Stand	dard Rates wi guaranteed <u>or</u>	th Enrollmen who do not l	t Discount <sup>2</sup> fo have any of th	or individuals ne medical co	ages 65-80 wł nditions on th	nose acceptar le application <sup>3</sup>	nce is <sup>3</sup> .
65	\$101.99	\$167.07	\$170.76	\$67.43	\$117.25	\$145.94	\$226.46	\$227.29
66	\$101.99	\$167.07	\$170.76	\$67.43	\$117.25	\$145.94	\$226.46	\$227.29
67	\$101.99	\$167.07	\$170.76	\$67.43	\$117.25	\$145.94	\$226.46	\$227.29
68	\$101.99	\$167.07	\$170.76	\$67.43	\$117.25	\$145.94	\$226.46	\$227.29
69	\$107.00	\$175.29	\$179.16	\$70.75	\$123.02	\$153.12	\$237.60	\$238.47
70	\$112.02	\$183.51	\$187.56	\$74.06	\$128.78	\$160.29	\$248.73	\$249.65
71	\$117.04	\$191.73	\$195.96	\$77.38	\$134.55	\$167.47	\$259.87	\$260.83
72	\$122.05	\$199.94	\$174.65	\$271.01	\$272.01			
73	\$127.07	\$208.16	\$212.76	\$84.01	\$146.08	\$181.83	\$282.15	\$283.19
74	\$132.08	\$216.38	\$221.16	\$87.33	\$151.85	\$189.00	\$293.28	\$294.36
75	\$137.10	\$224.59	\$229.55	\$90.65	\$157.62	\$196.18	\$304.42	\$305.54
76	\$142.12	\$232.81	\$237.95	\$93.96	\$163.38	\$203.36	\$315.56	\$316.72
77	\$147.13	\$241.03	\$246.35	\$97.28	\$169.15	\$210.54	\$326.70	\$327.90
78	\$152.15	\$249.24	\$254.75	\$100.60	\$174.92	\$217.71	\$337.83	\$339.08
79	\$157.16	\$257.46	\$263.15	\$103.91	\$180.68	\$224.89	\$348.97	\$350.26
80	\$162.18	\$265.68	\$271.55	\$107.23	\$186.45	\$232.07	\$360.11	\$361.44
	Standard	d Rates for ind ł	dividuals age have any of th	s 81 and olde le medical co	r whose acce nditions on th	ptance is gua ne application	ranteed <u>or</u> wh <sup>3</sup> .	o do not
81+	\$167.20	\$273.90	\$279.95	\$110.55	\$192.22	\$239.25	\$371.25	\$372.62
	Level 2					ptance is not on the applica		<u>nd</u> who
65+	\$250.80	\$410.85	\$531.90	\$165.82	\$288.33	\$454.57	\$556.87	\$558.93
G	roup 2	Applies to				e ten or more y ective date, if la		their 65th
Age <sup>1</sup>	Plan A	Plan B	Plan G	Plan K	Plan L	Plan N	Plan C⁴	Plan F⁴
	Level 1					otance is guar ne application		o do not
75+	\$183.92	\$301.29	\$307.94	\$121.60	\$211.44	\$263.17	\$408.37	\$409.88
	Level 2					ptance is not on the applica		<u>nd</u> who
75+	\$250.80	\$410.85	\$531.90	\$165.82	\$288.33	\$454.57	\$556.87	\$558.93

### Cover Page - Rates Under 65 Monthly Plan Rates for Pennsylvania - Area 2

AARP<sup>®</sup> Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

		Medicare first eligible before 2020 only⁴										
G	Group 3 Applies to individuals age 50-64 who are eligible for											
Age <sup>1</sup>	Plan A	Plan B	Plan N	Plan C⁴	Plan F⁴							
	Female Rates											
50-64	\$82.35	\$134.81	\$137.55	\$54.29	\$94.39	\$117.73	\$182.69	\$183.15				
		Male Rates										
50-64	\$92.72	\$151.89	\$155.24	\$61.30	\$106.59	\$132.67	\$205.87	\$206.63				

The rates above are for plan effective dates from June 2022 - May 2023 and may change.

1 Your age as of your plan effective date.

2 The **Enrollment Discount** is available to applicants age 65 to 80. You may qualify for an Enrollment Discount based on your age and your Medicare Part B effective date. If you are eligible, the discounted rates will be shown.

#### Who is eligible

You are eligible for the enrollment discount if you are between the ages of 65 and 80 and your plan effective date is within ten years following your 65th birthday or Medicare Part B effective date, if later, and you do not have any medical conditions on the application that would qualify you for the Level 2 rate.

The Level 2 rates do not apply to individuals who meet Medigap Open Enrollment or Guaranteed Issue.

#### How it works

The Enrollment Discount is applied to the current Standard Rate. The Standard Rates usually change each year. The discount you receive in your first year of coverage depends on your age on your plan effective date. After age 68, the discount percentage reduces 3% each year on the anniversary date of your plan until the discount runs out.

- 3 Refer to Section 6 of the application.
- 4 **IMPORTANT:** Plans C and F are only available to eligible Applicants (a) with a 65th birthday prior to 1/1/2020 or (b) with a Medicare Part A effective date prior to 1/1/2020.

## PENNSYLVANIA Area 2 ZIP Codes

The ZIP Codes Below Apply to Rates Included on the Page Headed "Cover Page – Rates"

15004	15062	15126	15217	15258	15322	15364	15438	15478	15633	15683	15746
15006	15063	15127	15218	15259	15323	15365	15439	15479	15634	15684	15747
15007	15064	15129	15219	15260	15324	15366	15440	15480	15635	15685	15748
15012	15065	15131	15220	15261	15325	15367	15442	15482	15636	15687	15750
15014	15067	15132	15221	15262	15327	15368	15443	15483	15637	15688	15752
15015	15068	15133	15222	15264	15329	15370	15444	15484	15638	15689	15754
15017	15069	15134	15223	15265	15330	15376	15445	15486	15639	15690	15756
15018	15071	15135	15224	15267	15331	15377	15446	15488	15640	15691	15758
15019	15072	15136	15225	15268	15332	15378	15447	15489	15641	15692	15759
15020	15075	15137	15226	15270	15333	15379	15448	15490	15642	15693	15761
15021	15076	15139	15227	15272	15334	15380	15449	15492	15644	15695	15763
15022	15078	15140	15228	15274	15336	15401	15450	15601	15646	15696	15765
15024	15082	15142	15229	15275	15337	15410	15451	15605	15647	15697	15771
15025	15083	15143	15230	15276	15338	15412	15454	15606	15650	15698	15772
15028	15084	15144	15231	15277	15339	15413	15455	15610	15655	15701	15777
15030	15085	15145	15232	15278	15340	15415	15456	15611	15658	15705	15779
15031	15086	15146	15233	15279	15341	15416	15458	15612	15660	15710	15783
15032	15087	15147	15234	15281	15342	15417	15459	15613	15661	15712	15920
15033	15088	15148	15235	15282	15344	15419	15460	15615	15662	15713	15923
15034	15089	15201	15236	15283	15345	15420	15461	15616	15663	15716	15929
15035	15090	15202	15237	15286	15346	15421	15462	15617	15664	15717	15944
15037	15091	15203	15238	15289	15347	15422	15463	15618	15665	15720	15949
15038	15095	15204	15239	15290	15348	15423	15464	15619	15666	15723	15954
15044	15096	15205	15240	15295	15349	15425	15465	15620	15668	15724	15957
15045	15101	15206	15241	15301	15350	15427	15466	15621	15670	15725	16211
15046	15102	15207	15242	15310	15351	15428	15467	15622	15671	15727	16246
15047	15104	15208	15243	15311	15352	15429	15468	15623	15672	15728	16256
15049	15106	15209	15244	15312	15353	15430	15469	15624	15674	15729	
15051	15108	15210	15250	15313	15357	15431	15470	15625	15675	15731	
15053	15110	15211	15251	15314	15358	15432	15472	15626	15676	15732	
15054	15112	15212	15252	15315	15359	15433	15473	15627	15677	15734	
15055	15116	15213	15253	15316	15360	15434	15474	15628	15678	15739	
15056	15120	15214	15254	15317	15361	15435	15475	15629	15679	15741	
15057	15122	15215	15255	15320	15362	15436	15476	15631	15680	15742	
15060	15123	15216	15257	15321	15363	15437	15477	15632	15681	15745	

SA5088 PB (11-21)

# **Cover Page - Rates** Female Non-Tobacco Monthly Plan Rates for Pennsylvania - Area 3 AARP<sup>®</sup> Medicare Supplement Insurance Plans

insured by UnitedHealthcare Insurance Company

		Medicare first eligible before 2020 only⁴									
G	roup 1	Applies to				be within ten y ective date, if la		their 65th			
Age <sup>1</sup>	Plan A Plan B		Plan G	Plan K	Plan L	Plan N	Plan C⁴	Plan F⁴			
	Standard Rates with Enrollment Discount <sup>2</sup> for individuals ages 65-80 whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application <sup>3</sup> .										
65	\$69.38	\$113.46	\$115.90	\$45.90	\$79.60	\$99.12	\$153.87	\$154.33			
66	\$69.38	\$113.46	\$115.90	\$45.90	\$79.60	\$99.12	\$153.87	\$154.33			
67	\$69.38	\$113.46	\$115.90	\$45.90	\$79.60	\$99.12	\$153.87	\$154.33			
68	\$69.38	\$113.46	\$115.90	\$45.90	\$79.60	\$99.12	\$153.87	\$154.33			
69	\$72.80	\$119.04	\$121.60	\$48.16	\$83.52	\$104.00	\$161.44	\$161.92			
70	\$76.21	\$124.62	\$127.30	\$50.41	\$87.43	\$108.87	\$169.00	\$169.51			
71	\$79.62	\$130.20	\$133.00	\$52.67	\$91.35	\$113.75	\$176.57	\$177.10			
72	\$83.03	\$135.78	\$138.70	\$54.93	\$95.26	\$118.62	\$184.14	\$184.69			
73	\$86.45	\$141.36	\$144.40	\$57.19	\$99.18	\$123.50	\$191.71	\$192.28			
74	\$89.86	\$146.94	\$150.10	\$59.44	\$103.09	\$128.37	\$199.27	\$199.87			
75	\$93.27	\$152.52	\$155.80	\$61.70	\$107.01	\$133.25	\$206.84	\$207.46			
76	\$96.68	\$158.10	\$161.50	\$63.96	\$110.92	\$138.12	\$214.41	\$215.05			
77	\$100.10	\$163.68	\$167.20	\$66.22	\$114.84	\$143.00	\$221.98	\$222.64			
78	\$103.51	\$169.26	\$172.90	\$68.47	\$118.75	\$147.87	\$229.54	\$230.23			
79	\$106.92	\$174.84	\$178.60	\$70.73	\$122.67	\$152.75	\$237.11	\$237.82			
80	\$110.33	\$180.42	\$184.30	\$72.99	\$126.58	\$157.62	\$244.68	\$245.41			
	Standard	d Rates for ind ł	dividuals age have any of th	s 81 and olde e medical co	r whose acce nditions on th	ptance is gua ne application	ranteed <u>or</u> wh <sup>3</sup> .	io do not			
81+	\$113.75	\$186.00	\$190.00	\$75.25	\$130.50	\$162.50	\$252.25	\$253.00			
	Level 2	_				ptance is not on the applica		<u>nd</u> who			
65+	\$170.62	\$279.00	\$361.00	\$112.87	\$195.75	\$308.75	\$378.37	\$379.50			
G	roup 2	Applies to				e ten or more y ective date, if la		their 65th			
Age <sup>1</sup>	Plan A	Plan B	Plan G	Plan K	Plan L	Plan N	Plan C⁴	Plan F⁴			
	Level 1					otance is guar ne application		o do not			
75+	\$125.12	\$204.60	\$209.00	\$82.77	\$143.55	\$178.75	\$277.47	\$278.30			
	Level 2					ptance is not on the applica		nd who			
75+	\$170.62	\$279.00	\$361.00	\$112.87	\$195.75	\$308.75	\$378.37	\$379.50			

# **Cover Page - Rates** Female Tobacco Monthly Plan Rates for Pennsylvania - Área 3 AARP<sup>®</sup> Medicare Supplement Insurance Plans

insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants     Medicare first e before 2020 c											
G	roup 1	Applies to				be within ten y ective date, if la	ears following ater.	their 65th			
Age <sup>1</sup>	Plan A	Plan B Plan G Plan K Plan L Plan N					Plan C⁴	Plan F⁴			
	Standard Rates with Enrollment Discount <sup>2</sup> for individuals ages 65-80 whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application <sup>3</sup> .										
65	\$76.32	\$124.80	\$127.49	\$50.48	\$87.56	\$109.03	\$169.25	\$169.76			
66	\$76.32	\$124.80	\$127.49	\$50.48	\$87.56	\$109.03	\$169.25	\$169.76			
67	\$76.32	\$124.80	\$127.49	\$50.48	\$87.56	\$109.03	\$169.25	\$169.76			
68	\$76.32	\$124.80	\$127.49	\$50.48	\$87.56	\$109.03	\$169.25	\$169.76			
69	\$80.07	\$130.94	\$133.76	\$52.97	\$91.87	\$114.40	\$177.58	\$178.11			
70	\$83.83	\$137.08	\$140.03	\$55.45	\$96.17	\$119.76	\$185.90	\$186.46			
71	\$87.58	\$143.22	\$146.30	\$57.93	\$100.48	\$125.12	\$194.22	\$194.81			
72	\$91.33	\$149.35	\$152.57	\$60.42	\$104.79	\$130.48	\$202.55	\$203.15			
73	\$95.09	\$155.49	\$158.84	\$62.90	\$109.09	\$135.85	\$210.87	\$211.50			
74	\$98.84	\$161.63	\$165.11	\$65.38	\$113.40	\$141.21	\$219.20	\$219.85			
75	\$102.59	\$167.77	\$171.38	\$67.87	\$117.71	\$146.57	\$227.52	\$228.20			
76	\$106.35	\$173.91	\$177.65	\$70.35	\$122.01	\$151.93	\$235.84	\$236.55			
77	\$110.10	\$180.04	\$183.92	\$72.83	\$126.32	\$157.30	\$244.17	\$244.90			
78	\$113.85	\$186.18	\$190.19	\$75.32	\$130.63	\$162.66	\$252.49	\$253.25			
79	\$117.61	\$192.32	\$196.46	\$77.80	\$134.93	\$168.02	\$260.82	\$261.60			
80	\$121.36	\$198.46	\$202.73	\$80.28	\$139.24	\$173.38	\$269.14	\$269.95			
	Standard	d Rates for ind ל	dividuals age have any of th	s 81 and olde le medical co	r whose acce nditions on th	ptance is gua e application	ranteed <u>or</u> wh <sup>3</sup> .	io do not			
81+	\$125.12	\$204.60	\$209.00	\$82.77	\$143.55	\$178.75	\$277.47	\$278.30			
	Level 2					ptance is not on the applica	guaranteed <u>ar</u> ition <sup>3</sup> .	<u>nd</u> who			
65+	\$187.68	\$306.90	\$397.10	\$124.15	\$215.32	\$339.62	\$416.20	\$417.45			
G	roup 2	Applies to				e ten or more y ective date, if la	/ears following ter.	their 65th			
Age <sup>1</sup>	Plan A	Plan B	Plan G	Plan K	Plan L	Plan N	Plan C⁴	Plan F⁴			
	Level 1					otance is guar ne application	anteed <u>or</u> who <sup>3</sup> .	o do not			
75+	\$137.63	\$225.06	\$229.90	\$91.04	\$157.90	\$196.62	\$305.21	\$306.13			
	Level 2					ptance is not on the applica	guaranteed <u>ar</u> ation <sup>3</sup> .	nd who			
75+	\$187.68	\$306.90	\$397.10	\$124.15	\$215.32	\$339.62	\$416.20	\$417.45			

# **Cover Page - Rates** Male Non-Tobacco Monthly Plan Rates for Pennsylvania - Area 3 AARP<sup>®</sup> Medicare Supplement Insurance Plans

insured by UnitedHealthcare Insurance Company

		Medicare first eligible before 2020 only⁴									
G	roup 1	Applies to				be within ten y ective date, if la		their 65th			
Age <sup>1</sup>	Plan A	Plan B Plan G Plan K Plan L Plan N					Plan C <sup>4</sup>	Plan F <sup>4</sup>			
	Standard Rates with Enrollment Discount <sup>2</sup> for individuals ages 65-80 whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application <sup>3</sup> .										
65	\$78.23	\$128.10	\$130.84	\$51.69	\$89.67	\$111.93	\$173.39	\$174.15			
66	\$78.23	\$128.10	\$130.84	\$51.69	\$89.67	\$111.93	\$173.39	\$174.15			
67	\$78.23	\$128.10	\$130.84	\$51.69	\$89.67	\$111.93	\$173.39	\$174.15			
68	\$78.23	\$128.10	\$130.84	\$51.69	\$89.67	\$111.93	\$173.39	\$174.15			
69	\$82.08	\$134.40	\$137.28	\$54.24	\$94.08	\$117.44	\$181.92	\$182.72			
70	\$85.92	\$140.70	\$143.71	\$56.78	\$98.49	\$122.94	\$190.44	\$191.28			
71	\$89.77	\$147.00	\$150.15	\$59.32	\$102.90	\$128.45	\$198.97	\$199.85			
72	\$93.62	\$153.30	\$156.58	\$61.86	\$107.31	\$133.95	\$207.50	\$208.41			
73	\$97.47	\$159.60	\$163.02	\$64.41	\$111.72	\$139.46	\$216.03	\$216.98			
74	\$101.31	\$165.90	\$169.45	\$66.95	\$116.13	\$144.96	\$224.55	\$225.54			
75	\$105.16	\$172.20	\$175.89	\$69.49	\$120.54	\$150.47	\$233.08	\$234.11			
76	\$109.01	\$178.50	\$182.32	\$72.03	\$124.95	\$155.97	\$241.61	\$242.67			
77	\$112.86	\$184.80	\$188.76	\$74.58	\$129.36	\$161.48	\$250.14	\$251.24			
78	\$116.70	\$191.10	\$195.19	\$77.12	\$133.77	\$166.98	\$258.66	\$259.80			
79	\$120.55	\$197.40	\$201.63	\$79.66	\$138.18	\$172.49	\$267.19	\$268.37			
80	\$124.40	\$203.70	\$208.06	\$82.20	\$142.59	\$177.99	\$275.72	\$276.93			
	Standard	d Rates for ind h	dividuals age have any of th	s 81 and olde le medical co	r whose acce nditions on th	ptance is gua e application	ranteed <u>or</u> wh <sup>3</sup> .	io do not			
81+	\$128.25	\$210.00	\$214.50	\$84.75	\$147.00	\$183.50	\$284.25	\$285.50			
	Level 2		•	e 41		ptance is not on the applica	<u> </u>	nd who			
65+	\$192.37	\$315.00	\$407.55	\$127.12	\$220.50	\$348.65	\$426.37	\$428.25			
G	roup 2	Applies to				be ten or more y ective date, if la		their 65th			
Age <sup>1</sup>	Plan A	Plan B	Plan G	Plan K	Plan L	Plan N	Plan C⁴	Plan F <sup>₄</sup>			
	Level 1					otance is guar ne application		o do not			
75+	\$141.07	\$231.00	\$235.95	\$93.22	\$161.70	\$201.85	\$312.67	\$314.05			
	Level 2					ptance is not on the applica		<u>nd</u> who			
75+	\$192.37	\$315.00	\$407.55	\$127.12	\$220.50	\$348.65	\$426.37	\$428.25			

## Cover Page - Rates Male Tobacco Monthly Plan Rates for Pennsylvania - Area 3

AARP<sup>®</sup> Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

		Medicare first eligible before 2020 only⁴									
G	roup 1	Applies to				be within ten y ective date, if la		their 65th			
Age <sup>1</sup>	Plan A	Plan B Plan G Plan K Plan L Plan N					Plan C⁴	Plan F⁴			
	Standard Rates with Enrollment Discount <sup>2</sup> for individuals ages 65-80 whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application <sup>3</sup> .										
65	\$86.05	\$140.91	\$143.92	\$56.86	\$98.63	\$123.12	\$190.72	\$191.57			
66	\$86.05	\$140.91	\$143.92	\$56.86	\$98.63	\$123.12	\$190.72	\$191.57			
67	\$86.05	\$140.91	\$143.92	\$56.86	\$98.63	\$123.12	\$190.72	\$191.57			
68	\$86.05	\$140.91	\$143.92	\$56.86	\$98.63	\$123.12	\$190.72	\$191.57			
69	\$90.28	\$147.84	\$151.00	\$59.66	\$103.48	\$129.18	\$200.10	\$200.99			
70	\$94.51	\$154.77	\$158.08	\$62.45	\$108.33	\$135.23	\$209.48	\$210.41			
71	\$98.74	\$161.70	\$165.16	\$65.25	\$113.19	\$141.29	\$218.86	\$219.83			
72	\$102.98	\$168.63	\$172.24	\$68.05	\$118.04	\$147.35	\$228.24	\$229.25			
73	\$107.21	\$175.56	\$179.32	\$70.84	\$122.89	\$153.40	\$237.62	\$238.67			
74	\$111.44	\$182.49	\$186.40	\$73.64	\$127.74	\$159.46	\$247.00	\$248.09			
75	\$115.67	\$189.42	\$193.47	\$76.44	\$132.59	\$165.51	\$256.38	\$257.52			
76	\$119.90	\$196.35	\$200.55	\$79.23	\$137.44	\$171.57	\$265.76	\$266.94			
77	\$124.14	\$203.28	\$207.63	\$82.03	\$142.29	\$177.62	\$275.14	\$276.36			
78	\$128.37	\$210.21	\$214.71	\$84.83	\$147.14	\$183.68	\$284.52	\$285.78			
79	\$132.60	\$217.14	\$221.79	\$87.62	\$151.99	\$189.73	\$293.90	\$295.20			
80	\$136.83	\$224.07	\$228.87	\$90.42	\$156.84	\$195.79	\$303.28	\$304.62			
	Standard	rates for ind ا	dividuals age have any of th	s 81 and olde e medical co	r whose acce nditions on th	ptance is gua	ranteed <u>or</u> wh <sup>3</sup> .	io do not			
81+	\$141.07	\$231.00	\$235.95	\$93.22	\$161.70	\$201.85	\$312.67	\$314.05			
	Level 2	Rates for inc have	dividuals ages one or more	s 65 and olde of the medica	r whose acce al conditions	ptance is not on the applica	guaranteed <u>a</u> ition <sup>3</sup> .	nd who			
65+	\$211.60	\$346.50	\$448.30	\$139.83	\$242.55	\$383.51	\$469.00	\$471.07			
G	roup 2	Applies to				be ten or more y ective date, if la		their 65th			
Age <sup>1</sup>	Plan A	Plan B	Plan G	Plan K	Plan L	Plan N	Plan C <sup>4</sup>	Plan F <sup>4</sup>			
	Level 1					otance is guar he application		o do not			
75+	\$155.17	\$254.10	\$259.54	\$102.54	\$177.87	\$222.03	\$343.93	\$345.45			
	Level 2					ptance is not on the applica		nd who			
75+	\$211.60	\$346.50	\$448.30	\$139.83	\$242.55	\$383.51	\$469.00	\$471.07			

### Cover Page - Rates Under 65 Monthly Plan Rates for Pennsylvania - Area 3

#### AARP<sup>®</sup> Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

		Medicare first eligible before 2020 only⁴									
G	roup 3	Applies to individuals age 50-64 who are eligible for Medicare.									
Age <sup>1</sup>	Plan A	Plan B Plan G Plan K Plan L Plan N					Plan C <sup>4</sup> Plan F <sup>4</sup>				
	Female Rates										
50-64	\$69.38	\$113.46	\$115.90	\$45.90	\$79.60	\$99.12	\$153.87	\$154.33			
	Male Rates										
50-64	\$78.23	\$128.10	\$130.84	\$51.69	\$89.67	\$111.93	\$173.39	\$174.15			

#### The rates above are for plan effective dates from June 2022 - May 2023 and may change.

1 Your age as of your plan effective date.

2 The **Enrollment Discount** is available to applicants age 65 to 80. You may qualify for an Enrollment Discount based on your age and your Medicare Part B effective date. If you are eligible, the discounted rates will be shown.

#### Who is eligible

You are eligible for the enrollment discount if you are between the ages of 65 and 80 and your plan effective date is within ten years following your 65th birthday or Medicare Part B effective date, if later, and you do not have any medical conditions on the application that would qualify you for the Level 2 rate.

The Level 2 rates do not apply to individuals who meet Medigap Open Enrollment or Guaranteed Issue.

#### How it works

The Enrollment Discount is applied to the current Standard Rate. The Standard Rates usually change each year. The discount you receive in your first year of coverage depends on your age on your plan effective date. After age 68, the discount percentage reduces 3% each year on the anniversary date of your plan until the discount runs out.

- 3 Refer to Section 6 of the application.
- 4 **IMPORTANT:** Plans C and F are only available to eligible Applicants (a) with a 65th birthday prior to 1/1/2020 or (b) with a Medicare Part A effective date prior to 1/1/2020.

## PENNSYLVANIA Area 3 ZIP Codes

The ZIP Codes Below Apply to Rates Included on the Page Headed "Cover Page – Rates"

15001	15564	15864	16029	16143	16312	16415	16620	16689	16845	16942	17055
15003	15565	15865	1602)	16145	16312	16416	16621	16691	16847	16943	17055
15005	15656	15866	16033	16146	16314	16417	16622	16692	16848	16945	17057
15009	15673	15868	16034	16148	16316	16420	16623	16693	16849	16946	17058
15010	15682	15870	16035	16150	16317	16421	16624	16694	16850	16947	17059
15026	15686	15901	16036	16151	16319	16422	16625	16695	16851	16948	17060
15027	15711	15902	16037	16153	16321	16423	16627	16698	16852	16950	17061
15042	15714	15904	16038	16154	16322	16424	16629	16699	16853	17001	17062
15043	15715	15905	16039	16155	16323	16426	16630	16701	16854	17002	17063
15050	15721	15906	16040	16156	16326	16427	16631	16720	16855	17003	17064
15052	15722	15907	16041	16157	16327	16428	16633	16724	16856	17004	17065
15059	15730	15909	16045	16159	16328	16430	16634	16725	16858	17005	17066
15061	15733	15915	16046	16160	16329	16432	16635	16726	16859	17006	17067
15066	15736	15921	16048	16161	16331	16433	16636	16727	16860	17007	17068
15074	15737	15922	16049	16172	16332	16434	16637	16728	16861	17009	17069
15077	15738	15924	16050	16201	16333	16435	16638	16729	16863	17010	17070
15081	15744	15925	16051	16210	16334	16436	16639	16730	16864	17011	17071
15411 15424	15753	15926	16052	16212	16335	16438	16640	16731	16865	17013	17072
15424	15757 15760	15927 15928	16053 16054	16213	16340	16440	16641 16644	16732 16733	16866 16868	17014 17015	17073
15485	15760	15928	16054	16214 16217	16341 16342	16441 16442	16645	16734	16870	17015	17074 17075
15502	15764	15930	16055	16217	16342	16442	16646	16735	16870	17010	17075
15510	15767	15934	16050	16220	16344	16444	16647	16738	16872	17018	17070
15520	15770	15935	16058	16220	16345	16475	16648	16740	16873	17019	17078
15521	15773	15936	16059	16222	16346	16501	16650	16743	16874	17020	17080
15522	15774	15937	16061	16223	16347	16502	16651	16744	16875	17021	17081
15530	15775	15938	16063	16224	16350	16503	16652	16745	16876	17022	17082
15531	15776	15940	16066	16225	16351	16504	16654	16746	16877	17023	17083
15532	15778	15942	16101	16226	16352	16505	16655	16748	16878	17024	17084
15533	15780	15943	16102	16228	16353	16506	16656	16749	16879	17025	17085
15534	15781	15945	16103	16229	16354	16507	16657	16750	16881	17026	17086
15535	15784	15946	16105	16230	16360	16508	16659	16801	16882	17027	17087
15536	15801	15948	16107	16232	16361	16509	16660	16802	16901	17028	17088
15537	15821	15951	16108	16233	16362	16510	16661	16803	16910	17029	17089
15538	15822	15952	16110	16234	16364	16511	16662	16804	16911	17030	17090
15539	15823	15953	16111	16235	16365	16512	16663	16805	16912	17032	17093
15540 15541	15824 15825	15955 15956	16112 16113	16236	16366	16514	16664 16665	16820 16821	16914 16915	17033 17034	17094 17097
15542	15825	15958	16113	16238 16239	16367 16368	16515 16522	16666	16822	16913	17034	17097
15544	15828	15959	16115	16239	16369	16522	16667	16823	16920	17036	17098
15545	15829	15960	16116	16240	16370	16531	16668	16825	16921	17037	17101
15546	15831	15961	16117	16244	16371	16534	16669	16826	16922	17038	17102
15547	15832	15962	16120	16245	16372	16538	16670	16827	16923	17039	17103
15548	15834	15963	16121	16248	16373	16541	16671	16828	16925	17040	17104
15549	15840	16001	16123	16249	16374	16544	16672	16829	16926	17041	17105
15550	15841	16002	16124	16250	16375	16546	16673	16830	16927	17042	17106
15551	15845	16003	16125	16253	16388	16550	16674	16832	16928	17043	17107
15552	15846	16016	16127	16254	16401	16553	16675	16833	16929	17044	17108
15553	15847	16017	16130	16255	16402	16563	16677	16834	16930	17045	17109
15554	15848	16018	16131	16257	16403	16565	16678	16835	16932	17046	17110
15555	15849	16020	16132	16258	16404	16601	16679	16836	16933	17047	17111
15557	15851	16021	16133	16259	16405	$   \begin{array}{r}     16602 \\     16603   \end{array} $	16680	16837	16935	17048	17112 17113
15558 15559	15853	16022	16134	16260	16406	16603	16681	16838	16936	17049	1/113
15559	15856 15857	16023 16024	16136 16137	16261 16262	16407 16410	16613	16682 16683	16839 16840	16937 16938	17050 17051	17120
15561	15857	16024	16137	16262	16410	16616	16684	16840	16939	17051	17121 17122
15562	15860	16023	16140	16205	16411	16617	16685	16843	16940	17052	17122
15563	15863	16027	16142	16311	16412	16619	16686	16844	16941	17054	17123
	10000	10020	10114	10011	10110	/		10011	1.07.11	1,001	1,1 <b>4</b> T

## PENNSYLVANIA Area 3 ZIP Codes CONTINUED

$\begin{array}{cccccccccccccccccccccccccccccccccccc$	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	$\begin{array}{c} 17581\\ 17582\\ 17583\\ 17584\\ 17585\\ 17601\\ 17602\\ 17603\\ 17604\\ 17605\\ 17606\\ 17607\\ 17608\\ 17611\\ 17622\\ 17699\\ 17701\\ 17702\\ 17703\\ 17705\\ 17700\\ 17721\\ 17723\\ 17726\\ 17727\\ 17728\\ 17729\\ 17730\\ 17731\\ 17735\\ 17737\\ 17739\\ 17740\\ 17742\\ 17744\\ 17745\\ 17747\\ 17748\\ 17749\\ 17750\\ 17751\\ 17752\\ 17754\\ 17765\\ 17763\\ 17764\\ 17765\\ 17768\\ 17767\\ 17778\\ 17779\\ 17779\\ 17778\\ 17779\\ 1779\\ 1779\\ 1779\\ 1779\\ 1779\\ 1779\\ 1779\\ 17$	$\begin{array}{c} 17801\\ 17810\\ 17812\\ 17813\\ 17814\\ 17815\\ 17820\\ 17821\\ 17822\\ 17823\\ 17824\\ 17827\\ 17829\\ 17830\\ 17831\\ 17832\\ 17833\\ 17834\\ 17835\\ 17836\\ 17837\\ 17840\\ 17841\\ 17842\\ 17843\\ 17845\\ 17846\\ 17857\\ 17856\\ 17857\\ 17856\\ 17857\\ 17856\\ 17857\\ 17858\\ 17856\\ 17857\\ 17858\\ 17856\\ 17866\\ 17867\\ 17868\\ 17867\\ 17868\\ 17867\\ 17868\\ 17877\\ 17878\\ 17880\\ 17877\\ 17878\\ 17880\\ 17877\\ 17878\\ 17880\\ 17877\\ 17878\\ 17880\\ 17877\\ 17878\\ 17880\\ 17877\\ 17878\\ 17880\\ 17877\\ 17878\\ 17880\\ 17877\\ 17878\\ 17880\\ 17877\\ 17878\\ 17880\\ 17877\\ 17878\\ 17880\\ 17877\\ 17878\\ 17880\\ 17877\\ 17878\\ 17880\\ 17878\\ 17888\\ 17889\\ 17$	17901 17920 17921 17922 17923 17925 17929 17930 17931 17932 17933 17934 17935 17936 17938 17941 17943 17944 17945 17946 17948 17949 17951 17952 17953 17954 17957 17959 17960 17961 17963 17964 17965 17966 17967 17968 17970 17961 17963 17964 17965 17966 17967 17968 17970 17972 17974 17978 17979 17980 17972 17974 17978 17979 17980 17981 17982 17983 17985 18001 18002 18013 18014 18015 18016	18030 18031 18032 18034 18035 18036 18037 18038 18040 18042 18043 18044 18045 18046 18049 18051 18052 18053 18055 18056 18058 18055 18066 18067 18068 18067 18068 18067 18068 18079 18072 18078 18072 18078 18079 18072 18078 18079 18080 18071 18072 18088 18079 18080 18085 18086 18087 18088 18099 18011 18092 18098 18099 18101 18102 18099 18101 18102 18099 18101 18102 18099 18101 18102 18099 18101 18102 18099 18101 18102 18099 18101 18102 18099 18101 18102 18211 18212 18214 18216	18218 18219 18220 18221 18222 18223 18224 18225 18230 18231 18232 18234 18235 18237 18239 18230 18231 18235 18237 18239 18240 18241 18242 18244 18245 18246 18247 18248 18246 18247 18248 18255 18256 18301 18302 18320 18321 18322 18323 18324 18325 18326 18327 18328 18326 18327 18328 18326 18327 18328 18326 18327 18328 18326 18327 18328 18326 18327 18328 18326 18327 18328 18326 18327 18328 18326 18337 18336 18337 18336 18337 18336 18337 18340 18341 18345 18346 18347 18348 18356 18357 18348 18356 18357 18556 18557 18557 18557 18557 18557 18557 18557 18557 18557 18557 18557 185577 185577 185577 185577 185577777777777777777777777777777777777	18351 18352 18353 18354 18355 18356 18357 18360 18370 18370 18370 18371 18372 18403 18405 18407 18407 18407 18410 18411 18413 18414 18415 18416 18417 18419 18420 18421 18424 18425 18426 18427 18428 18430 18431 18433 18434 18435 18436 18437 18438 18436 18437 18438 18436 18437 18438 18436 18437 18438 18436 18447 18448 18445 18446 18447 18448 18445 18455 18456 18457 18458 18458	18464 18465 18466 18469 18470 18471 18472 18473 18501 18502 18503 18504 18505 18507 18508 18509 18510 18512 18515 18517 18518 18519 18540 18512 18517 18518 18519 18540 18611 18612 18614 18615 18616 18617 18618 18616 18617 18623 18624 18625 18626 18627 18628 18626 18631 18632 18634 18635 18636 18641 18635 18636 18641 18643 18644 18655 18654 18655	18656 18657 18660 18661 18690 18701 18702 18703 18704 18705 18706 18707 18708 18709 18710 18711 18762 18764 18765 18766 18767 18769 18773 18801 18810 18812 18813 18814 18815 18816 18817 18818 18816 18817 18818 18822 18823 18824 18825 18826 18827 18828 18827 18828 18827 18828 18827 18828 18827 18828 18827 18828 18831 18837 18830 18831 18837 18830 18831 18837 18833 18834 18837	19501 19503 19504 19505 19506 19507 19508 19510 19512 19516 19518 19519 19522 19523 19526 19530 19533 19534 19535 19536 19538 19536 19547 19543 19544 19545 19547 19548 19547 19548 19547 19548 19559 19560 19551 19554 19565 19567 19601 19602 19603 19604 19605 19606 19607 19608