



AARP Medicare Supplement Plans in the Virgin Islands Guide



ELIGIBILITY

Common-qualified eligible individuals, aged 65+, must be enrolled in Medicare Part A and Part B, and meet residency requirements. Medical conditions may apply as specified in plan details.



GUARANTEED ACCEPTANCE

- Guaranteed during the 6-month Medicare Supplement Open Enrollment Period (starting at 65+ and enrolled in Part B).
- Available under certain conditions if you lose or leave other health coverage (apply within 63 days).



PLANS AVAILABLE

- If 65th birthday or Medicare Part B effective date is before 1/1/2020: Plans C & F**
- If both occur after 1/1/2020: Plans A, B, G, K, L, N



TYPICAL GUARANTEED ISSUE SCENARIOS

- Lose employer coverage
- Medicare Advantage plan ends or relocation occurs
- Plan violates contract or is misrepresented
- Medicare supplement plan involuntarily terminated (e.g., bankruptcy)



EXCLUSIONS (What's Not Covered)

UnitedHealthcare does not cover care that is not medically necessary, experimental treatments, or services excluded by Medicare. Some restrictions may apply.



CANCELLATION

AARP members receive service support, protection from unfair cancellation, and access to customer service for claims and policy questions. Plans cannot be canceled due to health changes after enrollment period.

KEY POINTS

- Enrollment requires an AARP membership.
- Claims are processed automatically with Medicare.
- Not affiliated with or endorsed by the U.S. government.
- Consult the Certificate of Insurance for complete information.



SHIP

State Health Insurance
Assistance Program

For questions about coverage, exclusions, and costs, contact UnitedHealthcare. [800-523-5800](tel:800-523-5800)

Medigap Supplement Benefit Table Plan

Benefits	A	B	C**	F**	G	K	L	N
Part A Coinsurance & Hospital	✓	✓	✓	✓	✓	✓	✓	✓
Part A Hospice Care Coinsurance or Copayment	✓	✓	✓	✓	✓		75%	
Part A Deductible (\$1,736 in 2026)		✓	✓	✓	✓	50%	75%	✓
Part B Coinsurance or Copayment	✓	✓	✓	✓	✓	50%	75%	✓* copays apply
Part B Deductible (\$283 in 2026)			✓	✓				
Part B Excess Charges				✓	✓			
Blood (First 3 Pints)	✓	✓	✓	✓	✓	50%	75%	✓
Skilled Nursing Facility Coinsurance			✓	✓	✓	50%	75%	✓
Foreign Travel Emergency (80% up to \$50,000 lifetime)			✓	✓	✓			✓
Out-of-Pocket Limit						\$8,000	\$4,000	
Monthly Premium Rate	\$132.25	\$174.00	\$208.00	\$208.00	\$157.50	\$71.75	\$120.00	\$130.75

✓=PLAN PAYS 100%

*=\$20 COPAY FOR DOCTORS AND \$50 FOR EMERGENCY ROOM VISITS

For more information contact **VI SHIP:**
 STT/STJ: 340-774-2991 ext. 4507 or 4508
 STX: 340-773-6449 Ext. 3151 or 3152