

SERFF Tracking Number: UHLC-125843897 State: Arkansas
Filing Company: United HealthCare Insurance Company State Tracking Number: 40440
Company Tracking Number: OA4131 (7/08)
TOI: MS05G Group Medicare Supplement - Standard Sub-TOI: MS05G.001 Plan A
Plans
Product Name: MEDICARE SUPPLEMENT
Project Name/Number: Inquiry New Letter OSE/OA4131 (7/08)

Filing at a Glance

Company: United HealthCare Insurance Company

Product Name: MEDICARE SUPPLEMENT SERFF Tr Num: UHLC-125843897 State: ArkansasLH

TOI: MS05G Group Medicare Supplement - Standard Plans SERFF Status: Closed State Tr Num: 40440

Sub-TOI: MS05G.001 Plan A Co Tr Num: OA4131 (7/08) State Status: Filed-Closed

Filing Type: Advertisement Co Status: Reviewer(s): Stephanie Fowler

Author: Bobbie Walton Disposition Date: 11/05/2008

Date Submitted: 10/03/2008 Disposition Status: Filed-Closed

Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: Inquiry New Letter OSE

Project Number: OA4131 (7/08)

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 11/05/2008

State Status Changed: 11/05/2008

Corresponding Filing Tracking Number:

Filing Description:

RE: File No: OA4131 (7/08), et al (PLEASE USE THIS NUMBER IN ALL CORRESPONDENCE)

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Large

Group Market Type: Association

Deemer Date:

We enclose for your information and review, proof copies of outside envelopes for use in connection with the AARP group health insurance program. These envelopes are new and will be utilized with advertising material previously submitted to your Department on September 26, 2008, under file number LA19039 AR(8/08).

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Company and Contact

Filing Contact Information

Susan Cipollo, Director Susan_J_Cipollo@uhc.com
 601 Office Center Dr. (267) 470-1519 [Phone]
 Fort Washington, PA 19034 (267) 470-1906[FAX]

Filing Company Information

United HealthCare Insurance Company CoCode: 79413 State of Domicile: Connecticut
 450 Columbus Boulevard Group Code: 707 Company Type: Health
 PO Box 150450
 Hartford, CT 06115-0450 Group Name: State ID Number:
 (215) 653-8046 ext. [Phone] FEIN Number: 36-2739571

Filing Fees

Fee Required? Yes
 Fee Amount: \$25.00
 Retaliatory? No
 Fee Explanation: \$25.00 PER COMPONENT - 5 COMPONENTS = \$125.00
 Per Company: No

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|-------------------------------------|----------|----------------|---------------|
| United HealthCare Insurance Company | \$125.00 | 10/03/2008 | 22910263 |

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Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|--------------|------------------|------------|----------------|
| Filed-Closed | Stephanie Fowler | 11/05/2008 | 11/05/2008 |

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Disposition

Disposition Date: 11/05/2008

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

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| Item Type | Item Name | Item Status | Public Access |
|------------------|------------------|--------------------|----------------------|
| Form | OUTSIDE ENVELOPE | Filed | Yes |
| Form | OUTSIDE ENVELOPE | Filed | Yes |
| Form | OUTSIDE ENVELOPE | Filed | Yes |
| Form | OUTSIDE ENVELOPE | Filed | Yes |
| Form | OUTSIDE ENVELOPE | Filed | Yes |

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Form Schedule

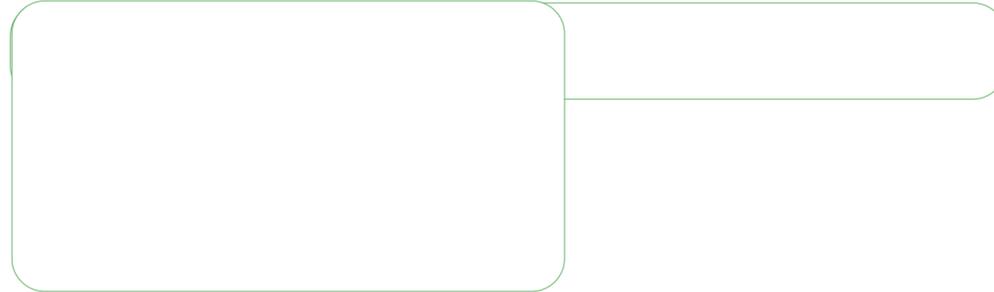
Lead Form Number: OA4131 (7/08)

| Review Status | Form Number | Form Type | Form Name | Action | Action Specific Data | Readability | Attachment |
|---------------|-----------------|-------------|------------------|---------|----------------------|-------------|---------------------|
| Filed | OA4131 (7/08) | Advertising | OUTSIDE ENVELOPE | Initial | | | OA4131 (7-08).pdf |
| Filed | OA4131 A (7/08) | Advertising | OUTSIDE ENVELOPE | Initial | | | OA4131 A (7-08).pdf |
| Filed | OA4131 B (7/08) | Advertising | OUTSIDE ENVELOPE | Initial | | | OA4131 B (7-08).pdf |
| Filed | OA4131 C (7/08) | Advertising | OUTSIDE ENVELOPE | Initial | | | OA4131 C (7-08).pdf |
| Filed | OA4131 D (7/08) | Advertising | OUTSIDE ENVELOPE | Initial | | | OA4131 D (7-08).pdf |

AARP | Health
Medicare Supplement Insurance
insured by United HealthCare
Insurance Company

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FIRST-CLASS
U.S. POSTAGE
PAID
UNITEDHEALTHCARE

REQUESTED MATERIALS



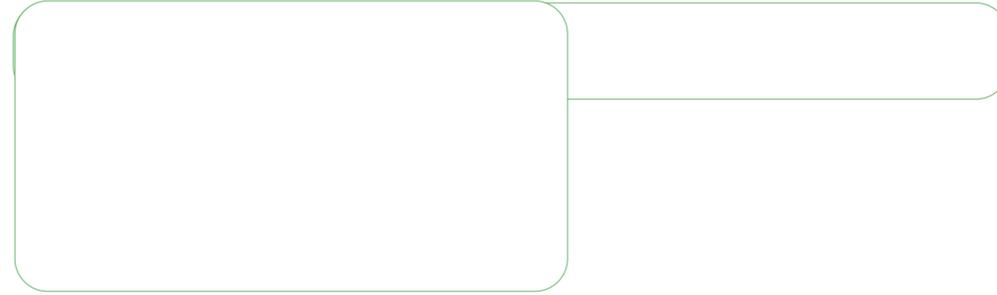
AARP Health
Insured by United HealthCare Insurance Company
(United HealthCare Insurance Company of New York for New York Residents)
P.O. Box 1017, Montgomeryville, PA 18936-1017
Visit [www.aarphealth.com] or call [**1-800-523-5800**]

Inside: The information you requested about an
AARP Medicare Supplement Insurance Plan.



AARP | *Health*
Medicare Supplement Insurance
insured by United HealthCare
Insurance Company

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UNITEDHEALTHCARE



**PLEASE RESPOND IMMEDIATELY FOR
THE EARLIEST PLAN EFFECTIVE DATE.**

Enroll in an AARP Medicare Supplement Insurance Plan today.



OA4131 A (7/08)

PW

AARP Health
Insured by United HealthCare Insurance Company
(United HealthCare Insurance Company of New York for New York Residents)
P.O. Box 1017, Montgomeryville, PA 18936-1017
Visit www.aarphealth.com or call 1-800-523-5800

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AARP™ | *Health*
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UNITEDHEALTHCARE

FINAL NOTICE



**PLEASE RESPOND IMMEDIATELY
FOR THE EARLIEST
PLAN EFFECTIVE DATE.**

**Act now and enroll in an
AARP Medicare Supplement Insurance Plan.**



PW

OA4131 B (7/08)

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OA4131 C (7/08) PW



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UNITEDHEALTHCARE

FINAL NOTICE

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7/8 from left

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