

SERFF Tracking Number: UHLC-125726022 State: Arkansas
Filing Company: United HealthCare Insurance Company State Tracking Number: 39558
Company Tracking Number: CA1824 (09/08)
TOI: MS05G Group Medicare Supplement - Standard Sub-TOI: MS05G.001 Plan A
Plans
Product Name: MEDICARE SUPPLEMENT/SELECT
Project Name/Number: POSTCARDS/CA1824 (09/08)

Filing at a Glance

Company: United HealthCare Insurance Company

Product Name: MEDICARE SUPPLEMENT/SELECT SERFF Tr Num: UHLC-125726022 State: ArkansasLH

TOI: MS05G Group Medicare Supplement - Standard Plans SERFF Status: Closed State Tr Num: 39558

Sub-TOI: MS05G.001 Plan A Co Tr Num: CA1824 (09/08) State Status: Filed-Closed

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

Author: Bobbie Walton Disposition Date: 07/11/2008

Date Submitted: 07/09/2008 Disposition Status: Filed

Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: POSTCARDS

Project Number: CA1824 (09/08)

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 07/11/2008

State Status Changed: 07/11/2008

Corresponding Filing Tracking Number:

Filing Description:

We enclose for your information and review, proof copies of advertising material for use in connection with the AARP group health insurance program. This advertising is new and does not replace any material previously submitted to the Department.

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:

These invitations to Inquire are Medicare Supplement Advertisement Postcards that will be mailed as a follow-up effort

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to previous inquirers. Please be advised that component number S5820S580S5921 was filed and approved by CMS on June 25, 2008.

We trust the enclosed forms are in order and look forward to your prompt acknowledgement of this filing. If you have any further questions, you can contact me at 267-470-1519. If you prefer, you may also send a facsimile to me at Fax: 267-470-1908 or send an email to Susan_J_Cipollo@uhc.com. Thank you for your assistance.

Sincerely,

Susan J. Cipollo
Director, Marketing Compliance

SJC:blw
Enclosures

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

SERFF Tracking Number: UHLC-125726022 State: Arkansas
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Fee Required? Yes
Fee Amount: \$25.00
Retaliatory? No
Fee Explanation: 25 per component - 2 components = 50
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United HealthCare Insurance Company	\$50.00	07/09/2008	21307573

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Stephanie Fowler	07/11/2008	07/11/2008

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Disposition

Disposition Date: 07/11/2008

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Form	POSTCARD	Filed	No
Form	POSTCARD	Filed	No

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Form Schedule

Lead Form Number: CA1824 (09/08)

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed	CA1824 (09/08)	Advertising	POSTCARD	Initial		45	FollowUpPost card_ MS 6.3.pdf
Filed	S5820S580S5921_PD P3061481_000	Advertising	POSTCARD	Initial		45	FollowUpPost card_MS&PD P 6.4.pdf

UnitedHealthcare
PO Box 1017
Montgomeryville, PA 18936-1017

<indicia>

Enroll Now

Don't miss the opportunity to take advantage of an AARP® Medicare Supplement Insurance Plan, insured through UnitedHealthcare, for the retirees of <Employer Name>.

***** AUTO ** DIGIT
03103
John Doe
123 Main Street
Anytown, US 12345-6789

3061480
CA1824 (09/08)

Mail in Your Completed AARP Medicare Supplement Insurance Plan Application By <Month Day, Year>

We haven't heard from you about enrolling in an AARP Medicare Supplement Insurance Plan, insured through UnitedHealthcare, and we don't want you to miss this opportunity. Please review the information in the enrollment kit you received in the mail, and return your completed application in the pre-addressed envelope provided.



Should you have any questions about an AARP Medicare Supplement Insurance Plan or need a new enrollment kit, call <1-888-555-1234>, (TTY <1-877-730-4194>), 7 a.m.–11 p.m. ET, Monday–Friday, or 9 a.m.–5 p.m. ET, Saturday.

AARP Medicare Supplement Insurance plans are insured by United HealthCare Insurance Company, Fort Washington, PA (United HealthCare Insurance Company of New York, Islandia, NY for New York residents). Not connected with or endorsed by the U.S. Government or the Federal Medicare Program. All certificates/plans may not be available in your state/area. Policy Form No.GRP79171 GPS-1 (G-36000-4). In some states, plans may be available to persons eligible for Medicare by reason of disability. This is a solicitation of insurance. United HealthCare Insurance Company pays a fee to AARP and its affiliate for use of the AARP trademark and other services. Amounts paid are for general purposes of AARP and its members.

AARP does not make health plan recommendations for individuals. You are strongly encouraged to evaluate your needs before choosing a health plan.

AARP Health is a collection of health related products, services and insurance programs made available by AARP. Neither AARP nor its affiliate is the insurer. AARP contracts with insurers to make coverage available to AARP members.

UnitedHealthcare
PO Box 1017
Montgomeryville, PA 18936-1017

<indicia>

Enroll Now

Don't miss the opportunity to take advantage of an AARP® Medicare Supplement Insurance Plan and an AARP MedicareRx Plan, insured through UnitedHealthcare, for the retirees of <Employer Name>.

***** AUTO ** DIGIT
03103
John Doe
123 Main Street
Anytown, US 12345-6789

SAPDN3061481_XACE000
S5820S5805S5921_PDP3061481_000 CMS MM/YYYY

Mail in Your Completed AARP Medicare Supplement Insurance Plan and AARP MedicareRx Plan Applications By <Month Day, Year>

We haven't heard from you about enrolling in an AARP Medicare Supplement Insurance Plan and an AARP MedicareRx Plan, insured through UnitedHealthcare, and we don't want you to miss this opportunity. Please review the information in the enrollment kits you received in the mail, and return your completed applications in the pre-addressed envelopes provided.

For questions about either plan option or to request new enrollment kits, call <1-800-545-1797>. Please see below for hours of operation as well as phone numbers for the hearing impaired.

AARP Medicare Supplement Insurance Plan
[7 a.m.–1 p.m. ET, Monday–Friday, or
9 a.m.–5 p.m. ET, Saturday
TTY <1-800-232-7773>]

AARP MedicareRx Plan
[24 hours a day, 7 days a week
TTY <1-877-730-4192>]

These Medicare Prescription Drug Plans (PDPs) are insured by United HealthCare Insurance Company or United HealthCare Insurance Company of New York for New York residents (together called “UnitedHealthcare”). AARP MedicareRx Plans carry the AARP name, and UnitedHealthcare pays a fee to AARP and its affiliate for use of the AARP trademark and other services. Amounts paid are used for general purposes of AARP and its members. AARP is not the insurer. UnitedHealthcare contracts with the Federal government as a PDP sponsor.

AARP does not make health or prescription drug plan recommendations for individuals. You are strongly encouraged to evaluate your needs before choosing a health or prescription drug plan.

AARP Medicare Supplement Insurance plans are insured by United HealthCare Insurance Company, Fort Washington, PA (United HealthCare Insurance Company of New York, Islandia, NY for New York residents). Not connected with or endorsed by the U.S. Government or the Federal Medicare Program. All certificates/plans may not be available in your state/area. Policy Form No.GRP79171 GPS-1 (G-36000-4). In some states, plans may be available to persons eligible for Medicare by reason of disability. This is a solicitation of insurance.

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Rate Information

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