

SERFF Tracking Number: UHLC-125746249 State: Arkansas  
Filing Company: United HealthCare Insurance Company State Tracking Number: 39725  
Company Tracking Number: AS671 (6/08)  
TOI: MS05G Group Medicare Supplement - Standard Sub-TOI: MS05G.001 Plan A  
Plans  
Product Name: Medicare Supplement  
Project Name/Number: ATM Print Ads/AS671 (6/08)

## Filing at a Glance

Company: United HealthCare Insurance Company

Product Name: Medicare Supplement SERFF Tr Num: UHLC-125746249 State: ArkansasLH

TOI: MS05G Group Medicare Supplement - Standard Plans SERFF Status: Closed State Tr Num: 39725

Sub-TOI: MS05G.001 Plan A Co Tr Num: AS671 (6/08) State Status: Filed-Closed

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

Author: Tammy Frederick Disposition Date: 08/06/2008

Date Submitted: 07/24/2008 Disposition Status: Filed

Implementation Date Requested: Implementation Date:

State Filing Description:

## General Information

Project Name: ATM Print Ads

Project Number: AS671 (6/08)

Requested Filing Mode: File & Use

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 08/06/2008

State Status Changed: 08/06/2008

Corresponding Filing Tracking Number: AS671 (6/08)

Filing Description:

We enclose for your information and review, proof copies of advertising 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: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Large

Group Market Type: Association

Deemer Date:

This Invitation to Inquire is a Medicare Supplement Advertisement and will run in January 2009 issues of AARP: The Magazine. The Policy Form Number GRP79171 GPS-1 appears on AS671 (6/08) and AS672 (6/08) in the Disclaimer

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paragraph.

The attached list of enclosures indicates the contents of each package including the form number, and title of each item.

We trust the enclosed forms are in order and look forward to your prompt acknowledgment 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.

LIST OF ENCLOSURES  
MEDICARE SUPPLEMENT  
PRINT ADVERTISING  
2008

AS671 (6/08) PRINT ADVERTISEMENT  
AS672 (6/08) PRINT ADVERTISEMENT

## Company and Contact

### Filing Contact Information

Susan Cipollo, Director  
601 Office Center Dr.  
Fort Washington, PA 19034

Susan\_J\_Cipollo@uhc.com  
(267) 470-1519 [Phone]  
(267) 470-1906[FAX]

### Filing Company Information

United HealthCare Insurance Company  
450 Columbus Boulevard  
PO Box 150450  
Hartford, CT 06115-0450  
(215) 653-8046 ext. [Phone]

CoCode: 79413  
Group Code: 707

State of Domicile: Connecticut  
Company Type: Health

Group Name:  
FEIN Number: 36-2739571  
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State ID Number:

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## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation: 25.00 per component. 2 Components = 50.00  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United HealthCare Insurance Company	\$50.00	07/24/2008	21569925

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed	Stephanie Fowler	08/06/2008	08/06/2008

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## **Disposition**

Disposition Date: 08/06/2008

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.



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## Form Schedule

Lead Form Number: AS671 (6/08)

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed	AS671 (6/08)	Advertising	Print Ad	Initial			AS671 (6.08).pdf
Filed	AS672 (6/08)	Advertising	Print Ad	Initial			AS672 (6.08).pdf



## Learn how to reduce your out-of-pocket medical expenses. Find out about an AARP Medicare Supplement Insurance Plan.

Those out-of-pocket costs can add up. That's why many people like you are choosing an AARP Medicare Supplement Insurance Plan to cover some of those extra expenses. Here's why one may be right for you:

- Keep your relationships with those medical professionals you know and depend on who accept Medicare.
- No network restrictions — see any doctor or go to any hospital that accepts Medicare.
- An AARP Medical Supplement Insurance Plan, insured by United HealthCare Insurance Company, helps cover some of the 20% of out-of-pocket costs not covered by Medicare Part B.



## Join the many people who can visit their own doctor, go to any hospital, and reduce some of the out-of-pocket costs not paid by Medicare.

Call now to get a free information kit and find the right plan for you

**X-XXX-XXX-XXXX CODE: XXX**

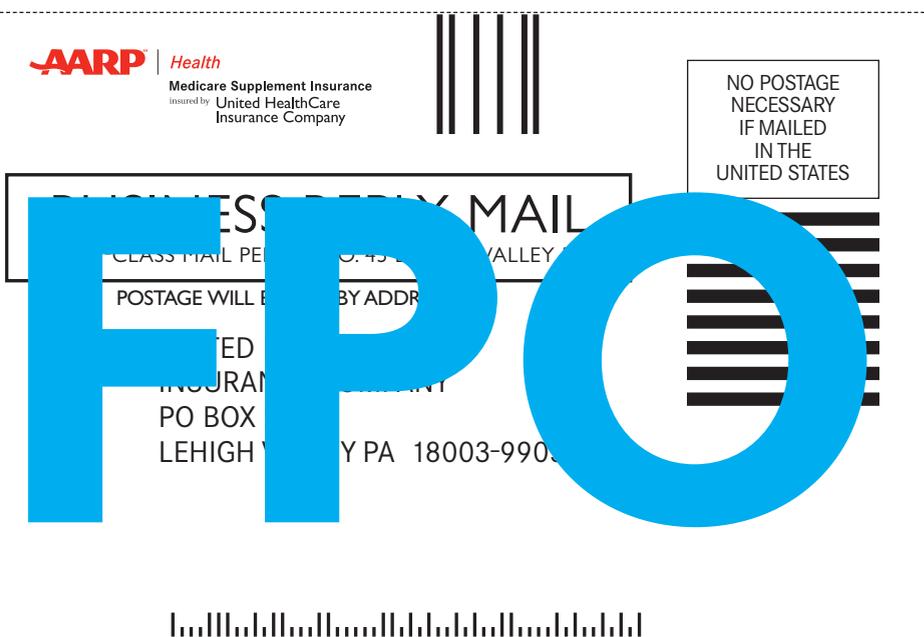
For TTY, call XXX-XXX-XXXX  
 or mail in the card on the opposite page.

These plans carry the AARP name and United HealthCare Insurance Company pays a fee to AARP and its affiliate for use of the AARP trademark and other services. Amounts paid are used for the general purposes of AARP and its members.

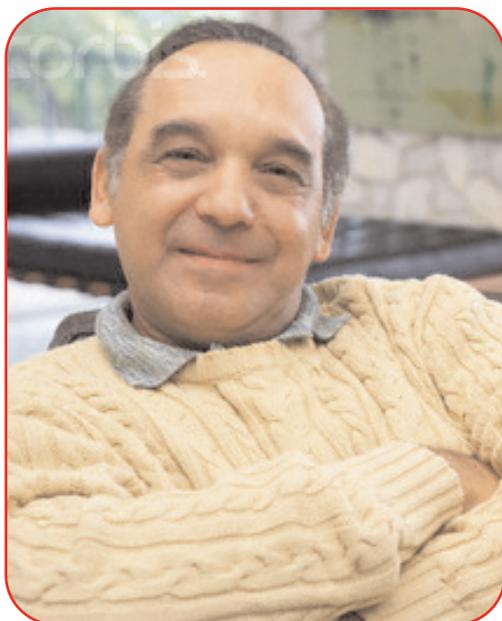
AARP does not make health plan recommendations for individuals. You are strongly encouraged to evaluate your needs before choosing a health plan. AARP and its affiliate are not insurance agencies or carriers and do not employ or endorse individual agents.

AARP Health is a collection of health-related products, services and insurance programs available through AARP. Neither AARP nor its affiliate is the insurer. AARP contracts with insurers to make coverage available to AARP members. 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.** Policy Form No. GRP79171GPS-1 (G-36000-4). In some states, plans may be available to persons eligible for Medicare by reason of disability. All plans may not be available in your state/area. Call to receive complete information including benefits, costs, eligibility requirements, exclusions and limitations.

This is a solicitation of insurance. An agent may contact you.



Mail this card today for your free information kit.  
 Or call  
**X-XXX-XXX-XXXX**  
**CODE: XXX**



**I went with a company  
that had a range of  
plans to choose from  
and they let me  
keep my doctor.**

**Isn't it time you looked  
for coverage like this?**

There's a Medicare Supplement Insurance plan that's just right for you.  
To learn more, mail in this card today.

Or call **X-XXX-XXX-XXXX CODE: XXX**  
and talk with a Customer Service Representative.

**Please see other side. >**

**YES! Please send my no-obligation, free information kit on AARP Medicare Supplement Insurance Plans, insured by United HealthCare Insurance Company.**

**Return this card or call toll-free: X-XXX-XXX-XXXX, code: XXX**

1) Name   
(Mr. Mrs. Ms.) Please Print

Date of Birth  (Part B) Effective Date   
MM/DD/YYYY

2) Address   
City  State  Zip

3) AARP Membership number

4) Phone  )   
If you provide your phone number or e-mail address, an

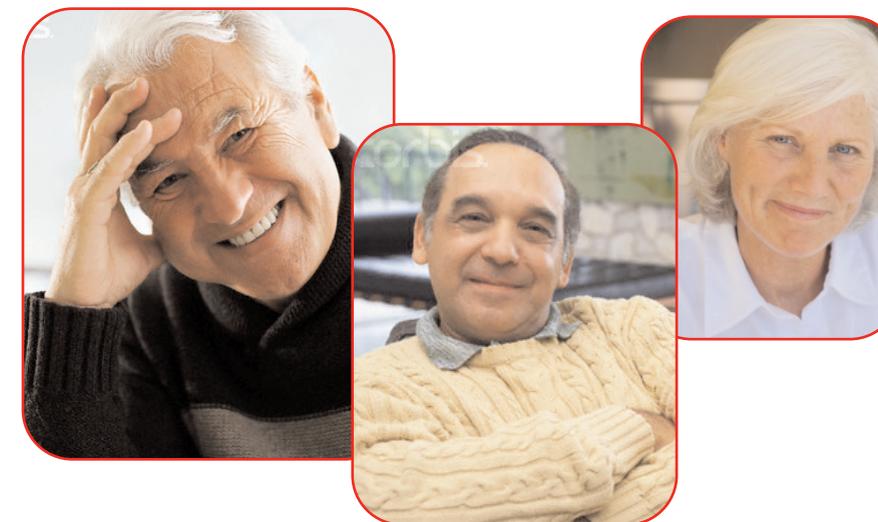
5) E-mail Address

AARP and its affiliates are not insurance agencies or carriers and do not employ or endorse individual agents.  
Not eligible for Medicare and between the ages of 50 and 64? Call for more information.  
MS385 (5/08)

## Learn more about AARP® Medicare Supplement Insurance Plans.

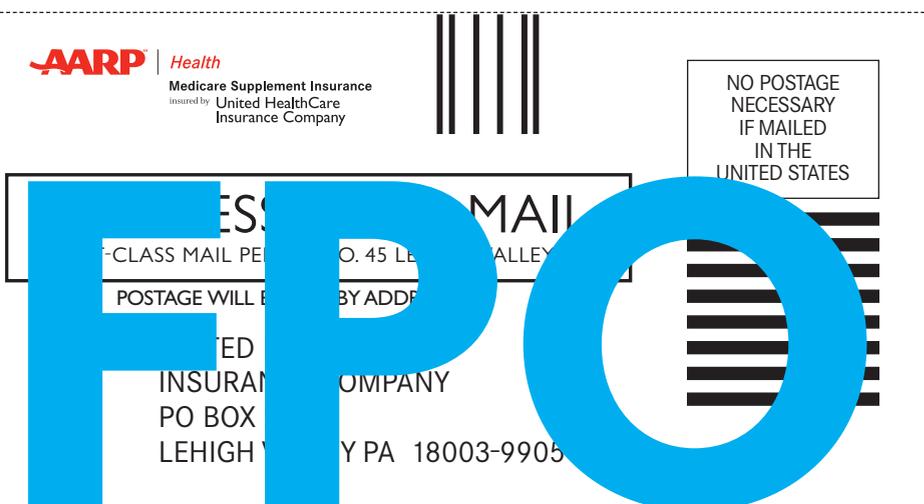
Many people today are realizing they could use additional insurance. That's why you should find out about AARP Medicare Supplement Insurance. There's a range of plans for you to choose from, with a variety of benefits you can look forward to:

- Keep your relationships with those medical professionals you know and depend on who accept Medicare.
- No network restrictions — see any doctor or go to any hospital that accepts Medicare.
- An AARP Medical Supplement Insurance Plan, insured by United HealthCare Insurance Company, helps cover some of the 20% of out-of-pocket costs not covered by Medicare Part B.



## Join the many people who can visit their own doctor, go to any hospital, and reduce some of the out-of-pocket costs not paid by Medicare.

Call now to get a free information kit and find the right plan for you  
**X-XXX-XXX-XXXX CODE: XXX**  
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 or mail in the card on the opposite page.



NO POSTAGE  
 NECESSARY  
 IF MAILED  
 IN THE  
 UNITED STATES

Mail this card today  
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 information kit.  
 Or call  
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This is a solicitation of insurance. An agent may contact you.

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