

SERFF Tracking Number: UHLC-126091701 State: Arkansas  
Filing Company: UnitedHealthcare Insurance Company State Tracking Number: 41987  
Company Tracking Number: CA1868 (2/09)  
TOI: MS05G Group Medicare Supplement - Standard Sub-TOI: MS05G.001 Plan A  
Plans  
Product Name: MEDICARE SUPPLEMENT  
Project Name/Number: CO-MARKETING T65 TEST/CA1868 (2/09)

## Filing at a Glance

Company: UnitedHealthcare Insurance Company

Product Name: MEDICARE SUPPLEMENT SERFF Tr Num: UHLC-126091701 State: ArkansasLH

TOI: MS05G Group Medicare Supplement - Standard Plans SERFF Status: Closed State Tr Num: 41987

Sub-TOI: MS05G.001 Plan A Co Tr Num: CA1868 (2/09) State Status: Filed-Closed

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

Author: Bobbie Walton Disposition Date: 03/30/2009

Date Submitted: 03/27/2009 Disposition Status: Filed

Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

## General Information

Project Name: CO-MARKETING T65 TEST

Project Number: CA1868 (2/09)

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 03/30/2009

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Large

Group Market Type: Association

Explanation for Other Group Market Type:

State Status Changed: 03/30/2009

Corresponding Filing Tracking Number:

Deemer Date:

Filing Description:

RE: United HealthCare Insurance Company

AARP Medicare Supplement Advertising Material

Co-Marketing Self Mailer

NAIC No: 0707-79413

File No: CA1868 (2/09) (PLEASE USE THIS NUMBER IN ALL CORRESPONDENCE)

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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.

This advertising material is a self mailer and will be distributed via direct mail to members providing information about how both products can work together to provide complete health coverage. This advertisement was filed and approved by CMS on March 2, 2009. The Group Policy Form No. GRP 79171 GPS-1 appears in the attached advertisement in the Disclaimer paragraph.

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 215-902-8444. If you prefer, you may also send a facsimile to me at Fax: 215-902-8813 or send an email to Susan\_J\_Cipollo@uhc.com.

Sincerely,

Susan J. Cipollo  
Director, Marketing Compliance

SJC:blw  
Enclosures

## Company and Contact

### Filing Contact Information

Susan Cipollo, Director Susan\_J\_Cipollo@uhc.com  
680 Blair Mill Rd. (215) 902-8444 [Phone]  
Horsham, PA 19044 (215) 902-8813[FAX]

### Filing Company Information

UnitedHealthcare Insurance Company CoCode: 79413 State of Domicile: Connecticut  
450 Columbus Boulevard Group Code: 707 Company Type: Life and Health

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PO Box 150450

Hartford, CT 06115-0450  
(860) 702-5000 ext. [Phone]

Group Name:  
FEIN Number: 36-2739571

State ID Number:

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## Filing Fees

Fee Required? Yes  
Fee Amount: \$25.00  
Retaliatory? No  
Fee Explanation: 25 per component - 1 component = 25  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
UnitedHealthcare Insurance Company	\$25.00	03/27/2009	26740539

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed	Stephanie Fowler	03/30/2009	03/30/2009

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## **Disposition**

Disposition Date: 03/30/2009

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Form</b>	<b>SELF MAILER</b>	<b>Filed</b>	<b>Yes</b>

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## Form Schedule

Lead Form Number: CA1868 (2/09)

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed	CA1868 (2/09)	Advertising	SELF MAILER	Initial		45	CA1868_2 09 3-19-09.pdf



You recently received information about how both products, insured by United HealthCare Insurance Company, can work together to provide you with more complete health coverage.

**It's not too late to learn more or to enroll!**



Call Now **1-866-565-3031** - 7 days a week, 8 a.m. to 8 p.m. ET  
TTY/TDD users: **1-800-232-7773**

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 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.

AARP and its affiliate are not insurance agencies or carriers and do not employ or endorse insurance agents, brokers, representatives or advisors.

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 is not the insurer. UnitedHealthcare contracts with the Federal government as a PDP sponsor. All decisions about prescription drugs are between you and your physician or other health care provider.

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

AARP Medicare Supplement Insurance Plans are Insured by United HealthCare Insurance Company, Horsham, 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. GRP 79171 GPS-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. **This is a solicitation of insurance. An Agent may contact you.** See the materials previously sent to you or call for information about benefits, costs, eligibility requirements, exclusions, and limitations.

C0009\_PDP3143861\_000

## One Company. Two plans. More Complete Coverage.

Get your prescription drug coverage and Medicare supplement insurance from the same provider.

Call today!

**FINAL NOTICE  
MAILING**



UnitedHealthcare  
P.O. Box 1017  
Montgomeryville, PA 18936-1017

PRSR STD  
U.S. POSTAGE  
PAID  
UNITEDHEALTHCARE

SAMPLE A. SAMPLE  
123 ANY STREET  
ANY CITY, STATE 12345-6789

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## **Rate Information**

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