## Filing at a Glance

Company: UnitedHealthcare Insurance Company

Product Name: MEDICARE SUPPLEMENT
TOI: MS05G Group Medicare Supplement - Standard Plans
Sub-TOI: MS05G.001 Plan A
Filing Type: Advertisement

SERFF Tr Num: UHLC-126455448
SERFF Status: Closed-Filed-Closed
Co Tr Num: MS2511ST

Author: Bobbie Walton
Date Submitted: 01/13/2010

State: Arkansas
State Tr Num: 44575

State Status: Filed-Closed
Reviewer(s): Stephanie Fowler
Disposition Date: 02/02/2010
Disposition Status: Filed-Closed
Implementation Date:

Implementation Date Requested:
State Filing Description:

## General Information

Project Name: FSI ADS
Project Number: MS2511ST
Requested Filing Mode: File & Use
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 02/02/2010

Deemer Date:
Submitted By: Bobbie Walton

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
Explanation for Other Group Market Type:
State Status Changed: 02/02/2010
Created By: Bobbie Walton
Corresponding Filing Tracking Number:

Filing Description:

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

The Stand Alone BRC is considered an invitation to inquire. It is available for use starting now into and through MIPPA. The goal of this piece was to give the Agents the opportunity to send this BRC with one of our already created and approved Letters or Flyers so that the consumer they are mailing too can have a mail response if they are interested in learning more about AARP Medicare Supplement plans. This way the agents will get leads back from their mailings so they can respond to the consumer with more information.

## Company and Contact

**Filing Contact Information**


Susan Cipollo, Director
680 Blair Mill Rd.
Horsham, PA 19044

Susan_J_Cipollo@uhc.com
215-902-8444 [Phone]
215-902-8813 [FAX]


**Filing Company Information**

UnitedHealthcare Insurance Company
450 Columbus Boulevard
PO Box 150450
Hartford, CT 06115-0450
(860) 702-5000 ext. [Phone]

CoCode: 79413
Group Code: 707
Group Name:
FEIN Number: 36-2739571

State of Domicile: Connecticut
Company Type: Life and Health
State ID Number:

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## Filing Fees

| | |
|---|---|
| Fee Required? | Yes |
| Fee Amount: | $25.00 |
| Retaliatory? | No |
| Fee Explanation: | $25.00 per component - 2 components =$50.00 |
| Per Company: | No |

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|---|---|---|---|
| UnitedHealthcare Insurance Company | $50.00 | 01/13/2010 | 33525172 |

# Correspondence Summary

## Dispositions

| Status | Created By | Created On | Date Submitted |
|---|---|---|---|
| Filed-Closed | Stephanie Fowler | 02/02/2010 | 02/02/2010 |

| | | | |
|---|---|---|---|
| *SERFF Tracking Number:* | *UHLC-126455448* | *State:* | *Arkansas* |
| *Filing Company:* | *UnitedHealthcare Insurance Company* | *State Tracking Number:* | *44575* |
| *Company Tracking Number:* | *MS2511ST* | | |
| *TOI:* | *MS05G Group Medicare Supplement - Standard Plans* | *Sub-TOI:* | *MS05G.001 Plan A* |
| *Product Name:* | *MEDICARE SUPPLEMENT* | | |
| *Project Name/Number:* | *FSI ADS/MS2511ST* | | |

# Disposition

Disposition Date: 02/02/2010

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

| | | | |
|---|---|---|---|
| *SERFF Tracking Number:* | *UHLC-126455448* | *State:* | *Arkansas* |
| *Filing Company:* | *UnitedHealthcare Insurance Company* | *State Tracking Number:* | *44575* |
| *Company Tracking Number:* | *MS2511ST* | | |
| *TOI:* | *MS05G Group Medicare Supplement - Standard Plans* | *Sub-TOI:* | *MS05G.001 Plan A* |
| *Product Name:* | *MEDICARE SUPPLEMENT* | | |
| *Project Name/Number:* | *FSI ADS/MS2511ST* | | |

| Schedule | Schedule Item | Schedule Item Status | Public Access |
|---|---|---|---|
| **Form** | BUSINESS REPLY CARD | Filed | Yes |
| **Form** | BUSINESS REPLY CARD | Filed | Yes |

# Form Schedule

**Lead Form Number: MS2511ST**

| Schedule Item Status | Form Number | Form Type | Form Name | Action | Action Specific Data | Readability | Attachment |
|---|---|---|---|---|---|---|---|
| Filed 02/02/2010 | MS2511ST | Advertising | BUSINESS REPLY CARD | Initial | | 40.000 | MS2511ST.pdf |
| Filed 02/02/2010 | MS2512ST | Advertising | BUSINESS REPLY CARD | Initial | | 40.000 | MS2512ST.pdf |

AARP® | Medicare Supplement Plans
insured by UnitedHealthcare Insurance Company

The AARP Medicare Supplement Insurance Plans carry the AARP name and UnitedHealthcare pays a royalty fee to AARP for use of the AARP intellectual property. Amounts paid are used for the general purposes of AARP and its members. Neither AARP nor its affiliate is the insurer.

AARP Medicare Supplement Insurance Plans are insured by UnitedHealthcare Insurance Company, Horsham, PA (UnitedHealthcare 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). All plans may not be available in your state/area. In some states, plans may be available to persons eligible for Medicare by reason of disability.

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

Call to receive complete information, including benefits, costs, eligibility requirements, exclusions and limitations. AARP and its affiliate are not insurance agencies or carriers and do not employ or endorse insurance agents, brokers, representatives or advisors.

AARP does not recommend health related products, services, insurance or programs. You are strongly encouraged to evaluate your needs.

▼ Fold here, moisten and seal. ▼

MS25111ST

[Agency/FMO Name]
[Agent Name]
[Agent Address]
[City], [State] [Zip]

**BUSINESS REPLY MAIL**

FIRST-CLASS MAIL PERMIT NO. [XXXX] [CITY], [ST]

POSTAGE WILL BE PAID BY ADDRESSEE

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

**Medicare Supplement plans help pay some of the expenses Medicare doesn't. Consider an AARP® Medicare Supplement Insurance Plan.**

☑ **Yes,** I'd like more information about AARP Medicare Supplement Insurance Plans, insured by UnitedHealthcare Insurance Company (UnitedHealthcare Insurance Company of New York for New York residents).

**For more information, return this card [or call]:**

[Agent Name]

[Licensed Insurance Agent Contracted with UnitedHealthcare]

[Phone Number]

[Email]

Name _____
(Mr., Mrs., Ms.) Please Print

Date of Birth _____ MM/DD/YY  Medicare (Part B) Effective Date _____ MM/YY

Spouse Name _____
(Mr., Mrs., Ms.) Please Print

Date of Birth _____ MM/DD/YY  Medicare (Part B) Effective Date _____ MM/YY

Address _____

City _____  State _____  Zip _____

Phone _____  Best Time To Call _____ AM/PM

E-mail Address _____

**This is a solicitation of insurance. An Agent may contact you.**

By returning this card, you agree that an authorized representative or licensed insurance agent from UnitedHealthcare may contact you by phone, e-mail or mail to answer your questions or provide additional information.

Insured by UnitedHealthcare Insurance Company (UnitedHealthcare Insurance Company of New York for New York residents). AARP does not employ or endorse agents, brokers, representatives or advisors.

place
sticker here

AARP® | Medicare Supplement Plans
insured by UnitedHealthcare
Insurance Company

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

Call to receive complete information, including benefits, costs, eligibility requirements, exclusions and limitations. AARP and its affiliate are not insurance agencies or carriers and do not employ or endorse insurance agents, brokers, representatives or advisors.

AARP does not recommend health related products, services, insurance or programs. You are strongly encouraged to evaluate your needs.

▼ Fold here and seal. ▼

MS2512ST

[Agency/FMO Name]
[Agent Name]
[Agent Address]
[City], [State] [Zip]

**Medicare Supplement plans help pay some of the expenses Medicare doesn't. Consider an AARP® Medicare Supplement Insurance Plan.**

☑ **Yes,** I'd like more information about AARP Medicare Supplement Insurance Plans, insured by UnitedHealthcare Insurance Company (UnitedHealthcare Insurance Company of New York for New York residents).

**For more information, return this card [or call]:**

[Agent Name]
[Licensed Insurance Agent Contracted with UnitedHealthcare]
[Phone Number]
[Email]

Name _____
(Mr., Mrs., Ms.) Please Print

Date of Birth _____ MM/DD/YY  Medicare (Part B) Effective Date _____ MM/YY

Spouse Name _____
(Mr., Mrs., Ms.) Please Print

Date of Birth _____ MM/DD/YY  Medicare (Part B) Effective Date _____ MM/YY

Address _____

City _____ State _____ Zip _____

Phone _____ Best Time To Call _____ AM/PM

E-mail Address _____

**This is a solicitation of insurance. An Agent may contact you.**

By returning this card, you agree that an authorized representative or licensed insurance agent from UnitedHealthcare may contact you by phone, e-mail or mail to answer your questions or provide additional information.

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