

SERFF Tracking Number: UHLC-126505625 State: Arkansas
 Filing Company: UnitedHealthcare Insurance Company State Tracking Number: 44977
 Company Tracking Number: GU25008ST
 TOI: MS05G Group Medicare Supplement - Standard Sub-TOI: MS05G.001 Plan A
 Plans
 Product Name: Medicare Supplement
 Project Name/Number: Portfolio/GU25008ST

Filing at a Glance

Company: UnitedHealthcare Insurance Company

Product Name: Medicare Supplement SERFF Tr Num: UHLC-126505625 State: Arkansas
 TOI: MS05G Group Medicare Supplement - Standard Plans SERFF Status: Closed-Filed State Tr Num: 44977
 Sub-TOI: MS05G.001 Plan A Co Tr Num: GU25008ST State Status: Filed-Closed
 Filing Type: Advertisement Reviewer(s): Stephanie Fowler
 Author: Michelle Ambach Disposition Date: 03/17/2010
 Date Submitted: 02/23/2010 Disposition Status: Filed
 Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: Portfolio Status of Filing in Domicile: Pending
 Project Number: GU25008ST Date Approved in Domicile:
 Requested Filing Mode: Review & Approval Domicile Status Comments:
 Explanation for Combination/Other: Market Type: Group
 Submission Type: New Submission Group Market Size: Large
 Overall Rate Impact: Group Market Type: Association
 Filing Status Changed: 03/17/2010 Explanation for Other Group Market Type:
 State Status Changed: 03/17/2010
 Deemer Date: Created By: Michelle Ambach
 Submitted By: Michelle Ambach Corresponding Filing Tracking Number:

Filing Description:

We enclose for your information and review, proof copies of advertising for use in connection with the AARP group health insurance program. These print ads are new and do not replace any material currently approved by the Department.

These print advertisements are invitations to inquire and are direct mail pieces. The Policy Form Number GRP79171 GPS-1 will appear in the disclaimer paragraph on the attached advertisements.

Please note that when folded for final production, SA25162ST and BA25076ST, the component number will appear in the lower left hand corner of the advertisement.

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CMS approval was received for these components.
 GU25008ST - CMS approval was received on 12/22/2009.
 BA25076ST - CMS approval was received on 12/4/2009.
 SA25162ST - CMS approval was received on 1/17/2010.

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
 PO Box 150450 Group Name: State ID Number:
 Hartford, CT 06115-0450 FEIN Number: 36-2739571
 (860) 702-5000 ext. [Phone]

Filing Fees

Fee Required? Yes
 Fee Amount: \$150.00
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 Fee Explanation: \$50.00 X 3= \$150.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
UnitedHealthcare Insurance Company	\$150.00	02/23/2010	34396658

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Stephanie Fowler	03/17/2010	03/17/2010

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Disposition

Disposition Date: 03/17/2010

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

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Form Schedule

Lead Form Number: GU25008ST

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed 03/17/2010	T GU25008S	Advertising	PRINT AD	Initial		45.000	GU25008ST_ _Advisor Advisor Brochure_2- 22.pdf
Filed 03/17/2010	T BA25076S	Advertising	PRINT AD	Initial		45.000	BA25076ST_ T66 PC_SF_2- 22.pdf
Filed 03/17/2010	T SA25162S	Advertising	PRINT AD	Initial		45.000	SA25162ST_ DM Lift Note_SF_2- 12.pdf

Medicare Advisor

Your guide to understanding Medicare.

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Plans insured by UnitedHealthcare Insurance Company and affiliates (UnitedHealthcare).

The benefit information provided herein is a brief summary, but not a comprehensive description of available benefits. Additional information about benefits is available to assist you in making a decision about your coverage. This is an advertisement; for more information contact the plan.

[Benefits, formulary, pharmacy network, premium and/or co-payments/co-insurance may change on January 1, <2011>. Please contact [insert Organization name] for details.]

Medicare Overview

Medicare is a federal health insurance program.

It's for people age 65 and older and others with certain disabilities. Part A helps pay for overnight stays or inpatient care in the hospital. Part B helps cover doctor services and outpatient care.

Medicare doesn't cover everything

Medicare helps you get the coverage you need, but you should expect to pay some of the costs. If you choose only Medicare Part A and Part B, you'll find there are costs not covered. To help pay for costs and benefits not covered, many people enroll in a Medicare health plan.

- **Medicare Part C (Medicare Advantage plan):**
Covers at least all the services that Parts A and B cover, and may also include prescription drug coverage and vision, hearing, dental and preventive services.
- **Medicare Part D (prescription drug plan):**
Helps with drug costs.
- **Medicare Supplement insurance plans:**
Help cover costs that Parts A and B don't cover, including deductibles and copays.

There are limited times to enroll in a Medicare plan.

Since you're turning 65, you have an opportunity to enroll in a Medicare plan – three months before

your birthday month, the month of your birthday and three months after. If you wait to enroll in a plan, you may have fewer plan choices and may have to pay more.¹

You're eligible to join Medicare if:

1. You are age 65 or older or you are otherwise eligible because of a qualified disability.
2. You are a U.S. citizen or a legal resident.
3. You or your spouse have paid Social Security taxes for at least 10 years.

The plan choices you make are not permanent.

If your health care needs change over time so will the health plans available to you. When you enroll in a Medicare plan, you're not locked into that plan permanently. Depending on which plan you enroll in, you'll have an opportunity to change plans at least once a year.

For over 25 years, UnitedHealthcare has provided Medicare plans for people age 65 and older, as well as individuals with certain disabilities.

In addition, once you enroll in an AARP® Medicare plan, you can rely on a full range of plans to meet your changing health care needs – without changing UnitedHealthcare as your provider.

For more information or to discuss plans in your area, call UnitedHealthcare.



<1-800-768-1747>, TTY 711

<8 a.m. – 8 p.m. local time, 7 days a week>



<www.AARPMedicarePlans.com/advisor>

There Are Two Ways to Receive Medicare

There are two ways to receive your Medicare benefits. You can receive your benefits directly through Medicare Parts A and B with options for additional insurance. Or you may be able to choose a Medicare Advantage plan that combines all your benefits.

Option 1 – Medicare Parts A and B

Medicare (Part A and Part B) is a federal government insurance program. Part A pays for hospital visits. Part B pays for doctor visits. You may add additional insurance coverage such as a stand-alone prescription drug plan (Part D) and/or a Medicare Supplement policy – available through private insurance companies like UnitedHealthcare.

Part A

Covers medically necessary care that requires overnight stays in the hospital.

Part B

Covers medically necessary care that does not require overnight stays, such as doctor visits. Most people pay a Medicare Part B premium.

Part D (optional add-on)

A stand-alone prescription drug plan can be added to help with the cost of prescription drugs.

Medicare Supplement Insurance (optional add-on)

These policies cover some of the costs that aren't paid for by Parts A and B.



Option 2 – Medicare Advantage (Part C)

Medicare Advantage plans offer the same coverage as Medicare Parts A and B, plus more benefits and services. You can enroll through a private insurance company like UnitedHealthcare. Medicare pays a fixed fee to the plan for your care. The plan makes payments to doctors and hospitals on your behalf.

Medicare Advantage (Part C)

Helps cover hospitalization and outpatient care, and may include prescription drug coverage and additional benefits. You must continue to pay your Part B premium.

Part D

Prescription drug coverage is included with many Medicare Advantage plans.

Additional Benefits

These are often included at no additional cost. Benefits may include vision services, hearing services and health screening tests.



Note: Part D and Medicare Supplement plans are optional, but if you do not enroll when you first become eligible, you may have to pay more and may have fewer plan choices later.¹

Enrollment Windows and Timing

Timing is important when enrolling in a Medicare plan. When you turn 65, enrollment windows open. Some of these windows close quickly. If you wait until later to sign up, you may have fewer choices and may have to pay more.¹

	When can I first enroll?	What if I'm late?
Medicare Part A 	Any time within the three months before your 65th birthday month.	There are no late penalties unless you pay a monthly premium for Part A because you or your spouse did not contribute enough to Social Security.
Medicare Part B 	Seven-month window Any time within the three months before your 65th birthday month, the month of your birthday and the three months after.	If you enroll later, your premiums will be higher unless you qualify for an exception. ¹
Medicare Part C Medicare Advantage   	Seven-month window Any time within the three months before your 65th birthday month, the month of your birthday and the three months after.	If you miss the initial enrollment window, you must wait to join a plan until November 15 through December 31 of each year, unless you qualify for an exception.
Medicare Part D 	Seven-month window Any time within the three months before your 65th birthday month, the month of your birthday and the three months after.	If you miss the initial enrollment window, you must wait to join a plan until November 15 through December 31 of each year, unless you qualify for an exception. Your premiums could also be higher. ¹
Medicare Supplement Insurance 	Six-month window for guaranteed right of acceptance² When you turn 65 and enroll in Medicare Part B, you have a guaranteed right to buy a Medicare Supplement policy for six months. You can't be refused if you sign up during this Initial Enrollment Period.	If you miss the initial enrollment window, you can apply later at any time. But you may be charged a higher rate or denied if you are a higher risk. ²

For People on a Limited Income

Anyone on a limited income is eligible for help.

Income includes money you get from retirement benefits or other money that you report for tax purposes. The government also looks at your assets (for example, property other than your house).

Don't miss your chance for extra help.

- UnitedHealthcare encourages you to apply even if you aren't sure you qualify.
- There's no penalty for applying for extra help. Even if you didn't qualify last year, you can re-apply this year.
- If you have assets in addition to those listed on this page, you may still be able to get extra help. To find out about other programs, call your local Social Security Administration office.

You may qualify for extra financial help if you meet the following requirements:

- You are entitled to Medicare Part A (hospital insurance) or are enrolled in Medicare Part B (medical insurance).
- You live in one of the 50 states or the District of Columbia.
- You are single and your combined savings, investments and real estate (other than your home) are worth less than <\$16,245>.

OR

You are married and living with your spouse, and your combined savings, investments and real estate (other than your home) are worth less than <\$21,855>.

Note: Income limits based on <2010> plans. Income limits will vary for Hawaii and Alaska. Certain resource restrictions apply in all 50 states and the District of Columbia.

Important Resources

Social Security Administration

Get answers to questions about Social Security retirement and disability benefits, and about extra help paying for all or part of your Medicare plan.

1-800-772-1213

7 a.m. – 7 p.m., Monday – Friday

TTY users, call: **1-800-325-0778**

www.socialsecurity.gov

Medicare Helpline

Get answers to all your Medicare questions.

1-800-MEDICARE (1-800-633-4227)

24 hours a day, 7 days a week

TTY users, call: **1-877-486-2048**

www.medicare.gov

Medicare Advantage (Part C)

Hospital, medical and prescription drug coverage – all in one plan.

Medicare Advantage plans (Part C) offer the same coverage as Original Medicare Parts A and B, plus health and wellness benefits like annual physicals, vision care and hearing care.

Medicare Advantage plans offer health benefits at a low or no additional monthly premium. You must continue to pay your Medicare Part B premium. Many plans also offer a cap on your annual out-of-pocket spending. With most Medicare Advantage plans, you will have to help share the costs by paying copays. Part D prescription drug coverage is often included at no additional cost.

Medicare Advantage coverage is not automatic. You decide whether or not to enroll in a plan. Private insurance companies like UnitedHealthcare manage these plans.

You are covered anywhere in the country.

All Medicare Advantage plans offer nationwide coverage for emergency care, urgent care and renal dialysis. Medicare Advantage plans are not available in all areas; you must live in the county or region where a specific plan is offered.

Choosing a Medicare Advantage plan.

There are different types of Medicare Advantage plans. The majority of people choose a Health Maintenance Organization (HMO) or Preferred Provider Organization (PPO). In these plans, doctors and hospitals work together to coordinate your care.

HMO plans provide care through a broad group, or network, of local doctors and hospitals. Your primary care physician will oversee your care and refer you to specialists as necessary.

PPO plans provide more flexibility. You choose your doctors and hospitals. Typically, you don't need a referral to see a specialist. If you go outside the network, you won't pay the entire cost yourself.



Enrollment

Enrollment times are limited.

You can enroll during your seven-month Initial Enrollment Period. You enroll in Medicare Advantage plans directly with a company that offers the plan, like UnitedHealthcare.

Medicare Advantage plans cannot refuse or delay coverage.

Once you have joined Parts A and B, you cannot be refused by any plan in your area that is accepting new members.

You can change coverage at least once a year.

You have the chance to change your coverage each year during the annual enrollment period, November 15 to December 31. You can also switch plans if you move out of your plan's service area.

Your plan will renew automatically each year as long as the plan is still available in your service area.

How to choose a Medicare Advantage plan.

Since costs vary by plan, you'll want to consider the premium, copays and any other costs for provided services. You should also consider whether a plan's network (if it has one) gives you access to the doctors you want to see. If you would like prescription drug coverage, look for a Medicare Advantage plan that includes it.

Costs

Each Medicare Advantage plan is different depending on the county and state you live in. The AARP® MedicareComplete® from SecureHorizons® plans, insured through UnitedHealthcare, offer monthly premiums as low as <\$0>, and can include prescription drug coverage plus extra benefits.

Medicare Advantage Plan Highlights

- Covers hospital stays, doctor visits and more
- May include prescription drug coverage, often with no additional premium
- Provides preventive services and other benefits
- Eligibility is not affected by your health or financial status

Call UnitedHealthcare.



<1-800-768-1747>, TTY 711

<8 a.m. – 8 p.m. local time, 7 days a week>



<www.AARPMedicareComplete.com/advisor>

Medicare Part D

Medicare Part D helps pay for the prescription drugs you take, but enrollment is optional. There are two ways you can be covered by Part D:

- With a stand-alone prescription drug plan (with the option to add Medicare Supplement insurance for more complete coverage).
- With a Medicare Advantage plan that includes Part D.

You cannot enroll in both a stand-alone Part D plan and a Medicare Advantage plan that includes Part D. Most stand-alone Part D plans cover more drugs than Medicare Advantage plans with Part D.

Even if you're not taking many prescription drugs, it may be smart to enroll in Part D coverage. If you delay signing up until after you are eligible, you may pay a higher premium.¹

You can change plans at least once a year.

You can change your Part D plan each year during the annual enrollment period, from November 15 to December 31. You can also switch plans if you move out of your plan's service area.

Your Part D coverage will renew automatically each year unless you choose to change plans during the annual enrollment period.

Drug Tiers and Copays

Many Part D plans place drugs into groups called "tiers." For example, a Part D plan may have four tiers that determine how much you pay for your drugs.

Tier 1: Lowest copay. Most generic prescription drugs are included.

Tier 2: Mid-level copay. Common brand-name prescription drugs are included.

Tier 3: Highest copay. Most high-cost prescription drugs are included.

Specialty Tier: Unique or very high-cost prescription drugs are included.

Costs

Part D plans vary by cost and list of covered drugs. You will want to consider the costs of your drugs when choosing a plan. Other cost factors include the deductible (if any) and premiums.

The AARP MedicareRx Plans, insured through UnitedHealthcare, offer three plans for different coverage needs.



Call UnitedHealthcare.



<1-800-768-1747>, TTY 711

<8 a.m. – 8 p.m. local time, 7 days a week>



<www.AARPMedicareRx.com/advisor>

The Medicare Part D Coverage Cycle

There are four stages in the coverage cycle. Medicare Part D coverage begins a new cycle on January 1 of each year.

Stage 1: Annual deductible.

If your plan has an annual deductible, you pay for your drug costs until you satisfy your deductible. Then coverage begins. If there is no annual deductible, you automatically start at Stage 2.

Stage 2: Initial coverage.

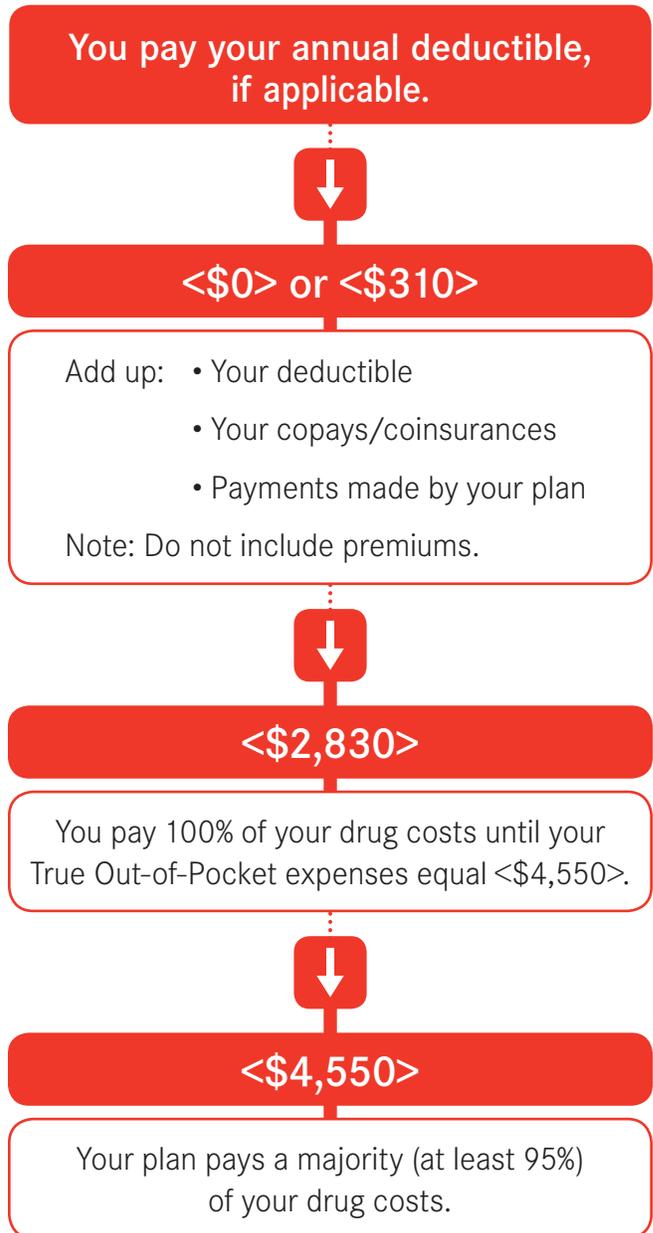
You pay monthly premiums and a copay or coinsurance for each prescription filled; the plan pays the rest until total drug costs reach <\$2,830> (the total costs you and the plan have paid together, excluding premiums).

Stage 3: Coverage gap.

You pay 100% of your plan's discounted drug costs until you reach <\$4,550> in year-to-date True Out-of-Pocket (TrOOP) costs – the total amount you have paid since January 1, excluding premiums.

Stage 4: Catastrophic coverage.

After <\$4,550> in True Out-of-Pocket (TrOOP) costs is reached (excluding premiums paid), the plan pays the majority of expenses until the end of the year. On January 1, you return to Stage 1 to begin a new 4-Stage Cycle.



Medicare Part D Plan Highlights

- Save on the cost of your medications
- Predictable drug costs help you manage your health care budget
- You can enroll in a stand-alone plan or add a Medicare Supplement policy for more complete coverage

Medicare Supplement

Medicare Supplement insurance plans help cover costs that Medicare Parts A and B don't pay for. Medicare Supplement plans do not have network restrictions and allow you to visit any provider who accepts Medicare patients. With a Medicare Supplement plan, you can purchase prescription drug coverage from a stand-alone Part D plan in addition to a Medicare Supplement plan.

Medicare Supplement policies are not a government program like Medicare Parts A and B. They are insurance policies provided by private companies like UnitedHealthcare.

Enrollment

Enroll early to keep your costs low.

When you turn 65 and enroll in Medicare Part B, you have a guaranteed right of acceptance for six months.²

If you enroll later, you could be refused coverage or be charged a higher premium based on your health.

You can change coverage any time²

You can drop a Medicare Supplement policy and apply for another whenever you like. If you drop your current policy and apply for a new one, you may be charged a higher premium or refused coverage entirely.

Your policy automatically renews every year.

Medicare Supplement policies renew automatically from year to year, although your rate may change.

Plan Choices

Even though there are standard plans defined by the government, not all plans have the same costs or are available in all states.

Medicare Supplement Plan Highlights

- Helps cover some of the costs that Medicare Parts A and B don't pay for
- When you turn 65 you have a guaranteed right of acceptance for six months²
- No network restrictions allow you to visit any provider who accepts Medicare patients

Not connected with or endorsed by the U.S. Government or the Federal Medicare program.

Next Steps

1. Apply for extra help as soon as possible.

Based on your income and assets, find out if you qualify for help with the Social Security Administration or the state in which you live.

2. Make a list of your drugs.

Make a list of the prescription drugs you currently take, including names, dosages, cost and refill frequency. This will help you compare plans.

3. Call UnitedHealthcare to learn about the plans available in your area.

We'll help you choose the plan that's best for you.

Glossary

Coinsurance. The percentage of health care costs you pay. For example, you may be asked to pay 20%. The plan then pays the remaining 80%.

Copayment. A fixed dollar amount that you pay for a service or product. Some people call this a “copay.”

Deductible. A preset amount that you have to pay before Medicare or a private insurance company begins to help with your costs.

Medicare Supplement insurance. Not a part of Medicare, but designed to help you pay for costs not paid for by Medicare Parts A and B.

Part A. Help with inpatient hospital care.

Part B. Help with doctor visits and outpatient care.

Part C (Medicare Advantage). Plans that combine the services of Parts A and B, and often Part D.

Part D. Help with prescription drugs in one of two ways – voluntary enrollment in a stand-alone Part D plan, or in a Part C (Medicare Advantage) plan that includes prescription drug coverage.

Premium. A fixed amount you may have to pay to participate in a plan. Most Medicare premiums are charged by the month.

For more information or to discuss plans in your area, call UnitedHealthcare.



<1-800-768-1747>, TTY 711

<8 a.m. – 8 p.m. local time, 7 days a week>



<www.AARPMedicarePlans.com/advisor>

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<1-800-768-1747>, TTY 711

<8 a.m. – 8 p.m. local time, 7 days a week>



<www.AARPMedicarePlans.com/advisor>

A UnitedHealthcare® Medicare Solution

¹If you qualify for extra help, you will not have a late-enrollment penalty (LEP). Also, if you have other prescription coverage at least as good as Medicare (also known as creditable coverage), you may not be assessed a LEP.

²In some states, individuals are guaranteed acceptance at all times. Not applicable to CT, MA, NY and VT. There are other situations in which a person may be eligible for guaranteed issue.

The family of AARP Medicare Plans includes Part D Prescription Drug Plans, Medicare Supplement Insurance Plans and Medicare Advantage Plans featuring the AARP® brand name. Plans are insured or covered by **UnitedHealthcare Insurance Company or an affiliate**, a Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor.

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

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

The AARP® Medicare Supplement Insurance Plans, AARP® MedicareComplete® and AARP® MedicareRx 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). Policy Form No. GRP 79171 GPS-1 (G-36000-4). Each insurer has sole responsibility for its own products. 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 and for some plans you must reside in the plan's federally approved service area to obtain health care coverage. Call to receive complete information including benefits, costs, eligibility requirements, exclusions and limitations.

This is a solicitation of insurance. A licensed agent/producer may contact you.

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UnitedHealthcare
P.O. Box 219952
Kansas City, MO 64121-9952



<Mail_Full Name>
<Mail_Address_1>
<Mail_Address_2>
<Mail_City, Mail_State Mail_Zip>

You Have Limited Time to Enroll for Coverage



This is an advertisement.
BA25076ST

When Can I Enroll in a Medicare Health Plan?

- A. I'm retiring and losing employer coverage
- B. I'm enrolled in a plan but I'm not 100% satisfied
- C. I've recently moved
- D. My health care needs have changed
- E. ANY OF THE ABOVE**

For a Personalized Quote, Call UnitedHealthcare Today



<1-877-459-4434>, TTY 711

<8 a.m.–8 p.m. local time, 7 days a week>



<www.AARPMedicarePlans.com/retiring>

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

All plans may not be available in your state/area and for some plans you must reside in the plan's federally approved service area to obtain health care coverage. Call to receive complete information including benefits, costs, eligibility requirements, exclusions and limitations.

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Are you retiring soon?

If you still have health coverage under your current or former employer, you don't have to choose a Medicare plan until you are retired or lose that coverage. If you lose employer coverage and are Medicare-eligible, you'll have two months to enroll in a Medicare health plan. Below are some plan options that may be available to you.

Get more from Medicare without paying more.

When you decide to retire, consider the AARP® MedicareComplete® from SecureHorizons® plan. It's a Medicare Advantage plan that offers premiums starting as low as \$0 and includes medical and hospital coverage, as well as other benefits like vision and hearing care. Many plans often include prescription drug coverage (Part D) at no additional cost.

Save on prescription drugs.

The AARP MedicareRx Plans, insured through UnitedHealthcare, are designed to fit your needs and budget. Call UnitedHealthcare to find out if the drugs you take are covered and how much you may save.

Get help paying for what Medicare doesn't cover.

If you choose Medicare Parts A and B, you'll find there are costs not covered. An AARP Medicare Supplement insurance plan can help cover some of the costs that Medicare Parts A and B don't.



UnitedHealthcare has other Medicare plans that may better fit your needs.

Not the Plan for You?

A UnitedHealthcare® Medicare Solution

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

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The AARP® Medicare Supplement Insurance Plans, AARP® MedicareComplete® and AARP® MedicareRx 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). Policy Form #79171 GPS-1 (G36000-4). In some states, plans may be available to persons eligible for Medicare by reason of disability. Each insurer has sole responsibility for its own products.

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Option 2: Medicare Supplement plan.

Like all Medicare supplement plans, an AARP Medicare Supplement plan, insured by UnitedHealthcare, helps cover costs that Medicare Parts A and B don't cover. There are no network restrictions for physicians or hospital care and your coverage is nationwide, allowing you to travel worry-free.

Medicare Part D.

The AARP® MedicareRx Plans, insured through UnitedHealthcare, can help pay for your prescription drug costs. There are two ways you can be covered by Part D:

- Enroll in a stand-alone prescription drug plan.
- Enroll in a Medicare Advantage plan that includes Part D.

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The benefit information provided herein is a brief summary, but not a comprehensive description of available benefits. Additional information about benefits is available to assist you in making a decision about your coverage. This is an advertisement; for more information contact the plan.