

SERFF Tracking Number: UHLC-126505743 State: Arkansas
Filing Company: UnitedHealthcare Insurance Company State Tracking Number: 44910
Company Tracking Number: M02M45MMMMAR01 01B
TOI: MS08G Group Medicare Supplement - Standard Sub-TOI: MS08G.001 Plan A 2010
Plans 2010
Product Name: MEDICARE SUPPLEMENT/SELECT
Project Name/Number: MIPPA APP/M02M45MMMMAR01 01B

Filing at a Glance

Company: UnitedHealthcare Insurance Company

Product Name: MEDICARE SUPPLEMENT/SELECT SERFF Tr Num: UHLC-126505743 State: Arkansas

TOI: MS08G Group Medicare Supplement - Standard Plans 2010 SERFF Status: Closed-Approved-Closed State Tr Num: 44910

Sub-TOI: MS08G.001 Plan A 2010 Co Tr Num: M02M45MMMMAR01 State Status: Approved-Closed 01B

Filing Type: Form

Reviewer(s): Stephanie Fowler

Authors: Bobbie Walton, Michelle Richart Disposition Date: 03/22/2010

Date Submitted: 02/17/2010 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: MIPPA APP

Status of Filing in Domicile: Pending

Project Number: M02M45MMMMAR01 01B

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: 03/22/2010

Explanation for Other Group Market Type:

State Status Changed: 03/22/2010

Deemer Date:

Created By: Bobbie Walton

Submitted By: Bobbie Walton

Corresponding Filing Tracking Number:

Filing Description:

RE: United HealthCare Insurance Company

AARP Medicare Supplement Enrollment Applications Filing

MIPPA Application

NAIC No: 0707-79413

File No: M02M45MMMMAR01 01B and S02N45MMMMAR01 01B (PLEASE USE THIS NUMBER IN ALL

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CORRESPONDENCE)

We enclose for your information and review, proof copies of enrollment applications for use in connection with the AARP group health insurance program. These enrollment applications are replacing M94245MMMMAR01 01B and S94445MNMAR01 01B which were filed under State Tracking number 43696 approved by the Department on 11/13/09. These applications were revised to reposition the question related to tobacco use.

Standardized Medicare Supplement Certificates: MDA 0001 – MDN 0007 (Non-Agent Sales Only), Standardized Medicare Supplement Certificates: MAA 0010 – MAN 0016 (Agent Sales only)
 Standardized Medicare Select Certificate: MDSC 0008, MDSF 0009 (Non-Agent Sales Only), Standardized Medicare Select Certificate: MASC 0017, MASF 0018 (Agent Sales only)
 were previously approved by the Department on September 4, 2009 under SERFF# UHLC-126263862.

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: \$50.00
 Retaliatory? No
 Fee Explanation: \$50 PER APPLICATION - 2 APPLICATIONS = \$100
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
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UnitedHealthcare Insurance Company \$100.00 02/17/2010 34261089

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Stephanie Fowler	03/22/2010	03/22/2010

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Stephanie Fowler	03/17/2010	03/17/2010	Michelle Richart	03/22/2010	03/22/2010

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Disposition

Disposition Date: 03/22/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Accepted for Informational Purposes	Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		Yes
Supporting Document	Outline of Coverage		Yes
Supporting Document	Objection Response Letter	Accepted for Informational Purposes	Yes
Form	APPLICATION	Approved	Yes
Form	APPLICATION	Approved	Yes

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 03/17/2010
Submitted Date 03/17/2010
Respond By Date 04/19/2010

Dear Susan Cipollo,

This will acknowledge receipt of the captioned filing.

Objection 1

- APPLICATION, M02M45MMMMAR01 01B (Form)
- APPLICATION, S02N45MMMMAR01 01B (Form)

Comment: The Tobacco Use question is typically an underwriting question, please see Rule 27 Section 11.D for the required disclosure.

Please feel free to contact me if you have questions.

Sincerely,

Stephanie Fowler

Response Letter

Response Letter Status Submitted to State
Response Letter Date 03/22/2010
Submitted Date 03/22/2010

Dear Stephanie Fowler,

Comments:

This is in response to your letter dated 3/17/10.

Response 1

Comments: Please see the attached objection response letter.

Related Objection 1

Applies To:

- APPLICATION, M02M45MMMMAR01 01B (Form)
- APPLICATION, S02N45MMMMAR01 01B (Form)

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Project Name/Number: MIPPA APP/M02M45MMMMAR01 01B

Comment:

The Tobacco Use question is typically an underwriting question, please see Rule 27 Section 11.D for the required disclosure.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Objection Response Letter

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Thank you for your time and consideration in this matter.

Sincerely,

Bobbie Walton, Michelle Richart

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Form Schedule

Lead Form Number: M02M45MMMMAR01 01B

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved 03/22/2010	M02M45M MMMAR01 01B	Application/ Enrollment Form	APPLICATION Enrollment Form	Initial		50.000	M02M45MM MMAR01 01B.pdf
Approved 03/22/2010	S02N45MM MMAR01 01B	Application/ Enrollment Form	APPLICATION Enrollment Form	Initial		50.000	S02N45MMM MAR01 01B.pdf

Sample A. Sample
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

2 Choose your plan and effective date

Please indicate your plan choice below:

A B C D F G K L M N

You are eligible to enroll if **all** of these are true:

- you are an AARP member,
- you are age 65 or older,
- you are enrolled in Medicare Parts A&B,
- you are not duplicating Medicare supplement coverage.

Coverage Effective Date

Your coverage will become effective on the first day of the month following receipt and approval of this application and first month's premium. You will receive a Certificate of Insurance confirming your effective date.

If you would like your coverage to begin on a later date (the 1st day of a future month), please indicate below.

Requested Effective Date

M	M	D	D	Y	Y	Y	Y
		0	1				

3 Answer these questions to determine if your acceptance is guaranteed

3A. Did you turn age 65 in the last 6 months?

Y N **If YES, skip to Section 5.**

3B. Did you enroll in Medicare Part B within the last 6 months?

Y N **If YES, skip to Section 5.**

3C. Will your plan effective date be within 6 months after turning age 65 and enrolling in Medicare Part B?

Y N **If YES, skip to Section 5.**

- If you answered **YES to 3A, 3B, or 3C**, your acceptance is guaranteed.
- If you answered **NO to 3A, 3B, and 3C**, continue to question **3D**. ↗

3D. Have you lost other health insurance coverage and, if so, are you an "eligible person" as defined within the termination notice you received from your prior insurer?

Y N

If YES, skip to Section 5.

- If you answered **YES to 3D**, you may be guaranteed acceptance in certain AARP Medicare Supplement Plans. **Include a copy of the termination notice with your application.**
- If you answered **NO** to all questions in Section 3, go to **Section 4**. ↗

Continued on next page ►

Sample A. Sample
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

4 Tell us about your tobacco usage

If you have smoked cigarettes or used any tobacco product at any time within the past twelve months, darken this circle:

5 Past and current coverage information

Please review the statements below, then answer all questions to the best of your knowledge.

- You do not need more than one Medicare supplement insurance policy.
- You may want to evaluate your existing health coverage and decide if you need multiple coverage.
- You may be eligible for benefits under Medicaid and may not need a Medicare supplement policy.
- If, after purchasing this policy, you become eligible for Medicaid, the benefits and premiums under your Medicare supplement policy can be suspended, if requested, during your entitlement to benefits under Medicaid for 24 months. You must request this suspension within 90 days of becoming eligible for Medicaid. If you are no longer entitled to Medicaid, your suspended Medicare supplement policy (or, if that is no longer available, a substantially equivalent policy) will be reinstated if requested within 90 days of losing Medicaid eligibility. If the Medicare supplement policy provided coverage for outpatient prescription drugs and you enrolled in Medicare Part D while your policy was suspended, the reinstated policy will not have outpatient prescription drug coverage, but will otherwise be substantially equivalent to your coverage before the date of the suspension.
- If you are eligible for, and have enrolled in a Medicare supplement policy by reason of disability and you later become covered by an employer or union-based group health plan, the benefits and premiums under your Medicare supplement policy can be suspended, if requested, while you are covered under the employer or union-based group health plan. If you suspend your Medicare supplement policy under these circumstances, and later lose your employer or union-based group health plan, your suspended Medicare supplement policy (or, if that is no longer available, a substantially equivalent policy) will be reinstated if requested within 90 days of losing your employer or union-based group health plan. If the Medicare supplement policy provided coverage for outpatient prescription drugs and you enrolled in Medicare Part D while your policy was suspended, the reinstated policy will not have outpatient prescription drug coverage, but will otherwise be substantially equivalent to your coverage before the date of the suspension.
- Counseling services may be available in your state to provide advice concerning your purchase of Medicare supplement insurance and concerning medical assistance through the state Medicaid program, including benefits as a Qualified Medicare Beneficiary (QMB) and a Specified Low-Income Medicare Beneficiary (SLMB).

Continued on next page 

Sample A. Sample
 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

5 Past and current coverage information, continued

5K. What are your dates of coverage under the policy you listed in **5J**? Leave the end date blank if you are still covered under the other policy.

5L. Are you replacing this health insurance?

Y N

Start Date

End Date

M	M	D	D	Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y					

6 Verification of Information

Please read carefully, and sign and date in the signature box below.

- My signature indicates I have read and understand the contents of this enrollment form.
- I declare the answers on this enrollment form are complete and true to the best of my knowledge and belief and are the basis for issuing coverage. I understand that this enrollment form becomes a part of the insurance contract and that if the answers are incomplete, incorrect or untrue, UnitedHealthcare Insurance Company may have the right to rescind my coverage, adjust my premium, or reduce my benefits.
- Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act when determined by a court of competent jurisdiction, and as such may be subject to criminal and civil penalties.
- I understand the coverage under the plan I am applying for will not take effect until issued by UnitedHealthcare Insurance Company.

I have read all information and have answered all questions to the best of my ability.

 **Your Signature** (required)

Today's Date (required)

X

M	M	D	D	Y	Y	Y	Y													

Note: If you are signing as the legal representative for the applicant, please enclose a copy of the appropriate legal documentation.

ENROLLMENT FORM CHECKLIST

Did you remember to...

- ✓ Complete this enrollment form in black or blue INK?
- ✓ Fill in all information in all sections?
- ✓ Sign in the signature box above?

Please refer to enclosed "Cover Page – Rates" for the monthly cost of the plan you have selected.

Send No Money Now. You will receive billing materials once your enrollment form has been accepted. *Thank you!*

Sample A. Sample
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

2 Choose your plan and effective date

Please indicate your plan choice below:

A B C D F G K L M N

Select Plan C

Select Plan F

You are eligible to enroll if all of these are true:

- you are an AARP member,
- you are age 65 or older,
- you are enrolled in Medicare Parts A&B,
- you are not duplicating Medicare supplement coverage.

Coverage Effective Date

Your coverage will become effective on the first day of the month following receipt and approval of this application and first month's premium. You will receive a Certificate of Insurance confirming your effective date.

If you would like your coverage to begin on a later date (the 1st day of a future month), please indicate below.

Requested Effective Date

M	M	D	D	Y	Y	Y	Y
		0	1				

3 Answer these questions to determine if your acceptance is guaranteed

3A. Did you turn age 65 in the last 6 months?

Y N

If YES, skip to Section 5.

3B. Did you enroll in Medicare Part B within the last 6 months?

Y N

If YES, skip to Section 5.

3C. Will your plan effective date be within 6 months after turning age 65 and enrolling in Medicare Part B?

Y N

If YES, skip to Section 5.

- If you answered YES to 3A, 3B, or 3C, your acceptance is guaranteed.
- If you answered NO to 3A, 3B, and 3C, continue to question 3D. ↗

3D. Have you lost other health insurance coverage and, if so, are you an "eligible person" as defined within the termination notice you received from your prior insurer?

Y N

If YES, skip to Section 5.

- If you answered YES to 3D, you may be guaranteed acceptance in certain AARP Medicare Supplement Plans. **Include a copy of the termination notice with your application.**
- If you answered NO to all questions in Section 3, go to Section 4.

Continued on next page ►

Sample A. Sample
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

4 Tell us about your tobacco usage

If you have smoked cigarettes or used any tobacco product at any time within the past twelve months, darken this circle:

5 Past and current coverage information

Please review the statements below, then answer all questions to the best of your knowledge.

- You do not need more than one Medicare supplement insurance policy.
- You may want to evaluate your existing health coverage and decide if you need multiple coverage.
- You may be eligible for benefits under Medicaid and may not need a Medicare supplement policy.
- If, after purchasing this policy, you become eligible for Medicaid, the benefits and premiums under your Medicare supplement policy can be suspended, if requested, during your entitlement to benefits under Medicaid for 24 months. You must request this suspension within 90 days of becoming eligible for Medicaid. If you are no longer entitled to Medicaid, your suspended Medicare supplement policy (or, if that is no longer available, a substantially equivalent policy) will be reinstated if requested within 90 days of losing Medicaid eligibility. If the Medicare supplement policy provided coverage for outpatient prescription drugs and you enrolled in Medicare Part D while your policy was suspended, the reinstated policy will not have outpatient prescription drug coverage, but will otherwise be substantially equivalent to your coverage before the date of the suspension.
- If you are eligible for, and have enrolled in a Medicare supplement policy by reason of disability and you later become covered by an employer or union-based group health plan, the benefits and premiums under your Medicare supplement policy can be suspended, if requested, while you are covered under the employer or union-based group health plan. If you suspend your Medicare supplement policy under these circumstances, and later lose your employer or union-based group health plan, your suspended Medicare supplement policy (or, if that is no longer available, a substantially equivalent policy) will be reinstated if requested within 90 days of losing your employer or union-based group health plan. If the Medicare supplement policy provided coverage for outpatient prescription drugs and you enrolled in Medicare Part D while your policy was suspended, the reinstated policy will not have outpatient prescription drug coverage, but will otherwise be substantially equivalent to your coverage before the date of the suspension.
- Counseling services may be available in your state to provide advice concerning your purchase of Medicare supplement insurance and concerning medical assistance through the state Medicaid program, including benefits as a Qualified Medicare Beneficiary (QMB) and a Specified Low-Income Medicare Beneficiary (SLMB).

Continued on next page 

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Supporting Document Schedules

		Item Status:	Status
Satisfied - Item:	Flesch Certification	Accepted for Informational Purposes	Date: 03/22/2010

Comments:

Attachment:

READABILITY CERTIFICATION FORM.pdf

		Item Status:	Status
Bypassed - Item:	Application		Date:
Bypass Reason:	N/A		
Comments:			

		Item Status:	Status
Bypassed - Item:	Health - Actuarial Justification		Date:
Bypass Reason:	N/A		
Comments:			

		Item Status:	Status
Bypassed - Item:	Outline of Coverage		Date:
Bypass Reason:	N/A		
Comments:			

		Item Status:	Status
Satisfied - Item:	Objection Response Letter	Accepted for Informational Purposes	Date: 03/22/2010

Comments:

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Attachment:
10-100.pdf

UnitedHealthcare Insurance Company
READABILITY CERTIFICATION

**THIS IS TO CERTIFY THAT THE FOLLOWING FORM(S) HAS ACHIEVED A FLESCH
READING EASE TEST SCORE OF:**

FORM NUMBER	FLESCH SCORE
M02M45MMMMAR01 01B	50
S02N45MMMMAR01 01B	50



SIGNATURE

PAUL D. KALLMEYER, Assistant Secretary, UHIC
NAME AND TITLE

February 17, 2010
DATE



UnitedHealth Group

P.O. Box 130
Montgomeryville PA 18936

March 19, 2010

VIA SERFF

Stephanie Fowler
Arkansas Department of Insurance

RE: UnitedHealthcare Insurance Company
NAIC #: 0707-79413
Form #: M02M45MMMMAR01 01B
SERFF Tracking #: UHLC-126505743
State Tracking #: 44910

Dear Ms. Duffy:

This letter is sent in response to the Department's March 17, 2010 objections.

We appreciate your concern regarding the Tobacco Use question on our Employer Account applications. This question is placed after Section 3 that asks the following questions to determine if the individual is considered guaranteed acceptance:

1. Did you turn age 65 in the last 6 months?
2. Did you enroll in Medicare Part B within the last 6 months?
3. Will your plan effective date be within 6 months after turning age 65 and enrolling in Medicare Part B?

Please note that we do direct the individual to skip to Section 5 if they answer yes to ANY of these questions. By doing this, they skip over Section 4 which asks the Tobacco Use question.

Based on this information, it is our hope that the Department may now find this filing approved for use in the state of Arkansas.

Sincerely,

Michelle Richart
Compliance Analyst
Email: Michelle.L.Richart@uhc.com