

SERFF Tracking Number: UHLC-126631343 State: Arkansas  
Filing Company: UnitedHealthcare Insurance Company State Tracking Number: 45701  
Company Tracking Number: CA25036ST  
TOI: MS08G Group Medicare Supplement - Standard Sub-TOI: MS08G.001 Plan A 2010  
Plans 2010  
Product Name: Group Medicare Supplement  
Project Name/Number: Print AD/CA25036ST

## Filing at a Glance

Company: UnitedHealthcare Insurance Company

Product Name: Group Medicare Supplement SERFF Tr Num: UHLC-126631343 State: Arkansas  
TOI: MS08G Group Medicare Supplement - Standard Plans 2010 SERFF Status: Closed-Filed-Closed State Tr Num: 45701  
Sub-TOI: MS08G.001 Plan A 2010 Co Tr Num: CA25036ST State Status: Filed-Closed  
Filing Type: Advertisement Reviewer(s): Stephanie Fowler  
Author: Michelle Ambach Disposition Date: 05/28/2010  
Date Submitted: 05/18/2010 Disposition Status: Filed-Closed  
Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

## General Information

Project Name: Print AD Status of Filing in Domicile: Pending  
Project Number: CA25036ST Date Approved in Domicile:  
Requested Filing Mode: File & Use 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: 05/28/2010 Explanation for Other Group Market Type:  
State Status Changed: 05/28/2010  
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. This advertising is new and does not replace any material previously submitted to the Department.

These Invitations to Inquire are Medicare Supplement Advertisements. The Policy Form Number GRP79171 GPS-1 appears in the disclaimer paragraph on CA25036ST and CA25037ST. Final production of the enclosed advertising will show the component number on the bottom left hand corner of the Print Ad.

The business reply card, MS2515ST, will be attached to the each of the print advertisements.

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## 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]

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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: \$50.00 x 1=\$50.00  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
UnitedHealthcare Insurance Company	\$50.00	05/18/2010	36616434
UnitedHealthcare Insurance Company	\$100.00	05/28/2010	36880908

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Stephanie Fowler	05/28/2010	05/28/2010

### 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	05/27/2010	05/27/2010	Michelle Ambach	05/28/2010	05/28/2010

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## **Disposition**

Disposition Date: 05/28/2010

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.



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## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 05/27/2010  
Submitted Date 05/27/2010  
Respond By Date 06/28/2010

Dear Susan Cipollo,

This will acknowledge receipt of the captioned filing. Please submit \$50 for each advertising piece.

Please feel free to contact me if you have questions.

Sincerely,

Stephanie Fowler

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## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 05/28/2010  
Submitted Date 05/28/2010

Dear Stephanie Fowler,

### Comments:

Please see the attached additional fee of \$100.00

### Response 1

Comments: see attached

### Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Thank you

Sincerely,  
Michelle Ambach

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## Form Schedule

**Lead Form Number: CA25036ST**

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed-Closed 05/28/2010	CA25037S	Advertising	SELF MAILER	Initial		45.000	CA25037ST.pdf
Filed-Closed 05/28/2010	CA25036S	Advertising	SELF MAILER	Initial		45.000	CA25036ST.pdf
Filed-Closed 05/28/2010	MS2515ST	Advertising	BUSINESS REPLY CARD	Initial		45.000	MS2515ST.pdf



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

Sample A. Sample  
123 Main Street  
Anytown, US XXXX-XXXX

A second chance to lower more of your out-of-pocket Medicare costs.

CA25037ST

**Remember.**

Prescriptions aren't the only costs not paid by Medicare.

# Here's another look at how to lower some of your medical bills.

**As a member of the AARP® MedicareRx Plans**, insured by UnitedHealthcare Insurance Company (UnitedHealthcare Insurance Company of New York for NY residents), you know that basic Medicare isn't always enough. Now, as a Part D plan helps with your prescription costs not paid by Medicare, you can add a Medicare supplement plan to help lower some of the out-of-pocket medical expenses not paid by Medicare Part B.

Add value and freedom to your Medicare coverage with **AARP® Medicare Supplement Insurance Plans**, insured by UnitedHealthcare Insurance Company (insured by UnitedHealthcare Insurance Company of New York for New York residents).

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## VALUE

As with any Medicare supplement plan, get help paying for the generally 20% or more of out-of-pocket costs not covered by Medicare Part B.



## FREEDOM

Medicare supplement insurance lets you keep your own doctors and get the care you need, wherever you are in the U.S., from any doctor that accepts Medicare patients. Plus no network restrictions or referrals to see specialists.



## SERVICE

Customer Service Representatives who are licensed insurance agents can help answer the questions you may have; 99.8% of customer issues are resolved in the first call. Plus, 99.2% of claims are processed in 10 days.\*



## FAMILIAR NAME

As a member of the MedicareRx Plans, you know that AARP and UnitedHealthcare Insurance Company recognize your need for a range of options when it comes to health insurance. So it's no surprise that 2.8 million AARP members have enrolled in AARP Medicare Supplement Insurance.\*

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## Call now and learn how to enhance your protection with an AARP Medicare Supplement Insurance Plan, [1-xxx-xxx-xxxx],

Weekdays, 7 a.m. to 11 p.m., Saturday, 9 a.m. to 5 p.m., ET.

TTY users can call **711**.

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\*Based on internal 2009 company data. Source: [www.aarphealthcare.com/statistics](http://www.aarphealthcare.com/statistics)

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

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). 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.

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

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

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

Call to receive complete information including benefits, costs, eligibility requirements, exclusions and limitations.

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

Sample A. Sample  
123 Main Street  
Anytown, US XXXX-XXXX

Get more help with some of the expenses Medicare doesn't pay.

PRSRT STD  
U.S. POSTAGE  
PAID  
UNITEDHEALTHCARE  
INSURANCE  
COMPANY



Take the next step in enhancing  
your Medicare coverage.

## You took care of your prescriptions. Now take care of the rest.

As a member of the AARP® MedicareRx Plans, insured by UnitedHealthcare Insurance Company (UnitedHealthcare Insurance Company of New York for NY residents), you know that basic Medicare isn't always enough. And while a Part D plan helps lower your prescription costs, what can you do about the medical bills Medicare Part B doesn't pay?

Enhance your Medicare coverage with the value and freedom of AARP® Medicare Supplement Insurance Plans, insured by UnitedHealthcare Insurance Company (UnitedHealthcare Insurance Company of New York for New York residents).



VALUE

As with any Medicare supplemental plan, get help paying for the generally 20% or more of out-of-pocket costs not covered by Medicare Part B.



FREEDOM

Medicare supplement insurance lets you keep your own doctors and get the care you need, wherever you are in the U.S., from any doctor that accepts Medicare patients. Plus no network restrictions or referrals to see specialists.



SERVICE

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Medicare Supplement Plans

insured by **UnitedHealthcare**  
Insurance Company



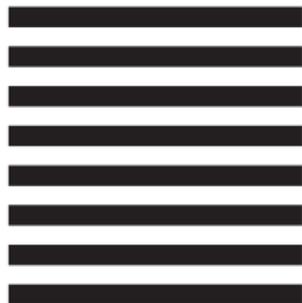
NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

**BUSINESS REPLY MAIL**

FIRST-CLASS MAIL PERMIT NO. 45 LEHIGH VALLEY PA

POSTAGE WILL BE PAID BY ADDRESSEE

UNITEDHEALTHCARE  
INSURANCE COMPANY  
PO BOX 25601  
LEHIGH VALLEY PA 18003-9905



**YES!** Please send me free information on AARP® Medicare Supplement Insurance Plans.

**Return this card or call toll-free: [1-xxx-xxx-xxxx,] code [XXX]**

1) Name

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

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

2) Address

City  State  ZIP

3) AARP Membership number

4) Phone (  )  -

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MS2515ST