

SERFF Tracking Number: UHLC-126799177 State: Arkansas  
 Filing Company: UnitedHealthcare Insurance Company State Tracking Number: 46689  
 Company Tracking Number: SA25107AR (8-10)  
 TOI: MS08G Group Medicare Supplement - Standard Sub-TOI: MS08G.001 Plan A 2010  
 Plans 2010  
 Product Name: GROUP MEDICARE SUPPLEMENT  
 Project Name/Number: INQUIRY/SA25107AR (8-10)

## Filing at a Glance

Company: UnitedHealthcare Insurance Company

Product Name: GROUP MEDICARE SUPPLEMENT SERFF Tr Num: UHLC-126799177 State: Arkansas

TOI: MS08G Group Medicare Supplement - Standard Plans 2010 SERFF Status: Closed-Filed State Tr Num: 46689

Sub-TOI: MS08G.001 Plan A 2010 Co Tr Num: SA25107AR (8-10) State Status: Filed-Closed  
 Filing Type: Advertisement Reviewer(s): Stephanie Fowler

Author: Michelle Ambach Disposition Date: 09/08/2010

Date Submitted: 09/02/2010 Disposition Status: Filed

Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

## General Information

Project Name: INQUIRY

Project Number: SA25107AR (8-10)

Requested Filing Mode: File & Use

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 09/08/2010

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: 09/08/2010

Created By: Michelle Ambach

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Michelle Ambach

Filing Description:

We enclose for your information and review, proof copies of advertising for use in connection with the AARP Group Health Insurance Program. SA25107AR (8-10) is replacing SA25107AR which was previously approved by the Department on 7/23/10 under Serff Tracking Number UHLC-126728165. This component will be used as part of an Invitation to Contract kit.

These materials will be utilized with the following which were approved by the Department on 11/5/09, under State Tracking Number 43459.

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Standardized Medicare Supplement Certificates: MDA 0001 – MDN 0007 (Mass Marketed)  
Standardized Medicare Supplement Certificates: MAA 0010 – MAN 0016 (Agent Sales only)  
Standardized Medicare Select Certificate: MDSC 0008, MDSF 0009 (Mass Marketed)  
Standardized Medicare Select Certificate: MASC 0017, MASF 0018 (Agent Sales only)  
Plan Benefit Tables: BT25 – BT33  
BT002 ST AB, CF, KLN  
BT002 ST CCSelect,  
BT002 ST FFSelect  
Plan Overviews: POV3, POV4  
Rules & Disclosures: RD4, RD5  
Premium Rate Pages: MRP0001 (Med Supp), MRP0002 (Med Select) - - (All Non-Agent Marketing Channels)  
MRP0003 (Med Supp), MRP0004 (Med Select) - - (All Marketing Channels)  
Medicare Select Plan of Operation: PO3

Enrollment Applications: M75146IMMMAR01 01B, et al - Approved 11/13/09 under St. Tr. # 43696.

The definitions, disclosures, eligibility requirements, exclusions, limitations, Group Policy Form No. GRP 79171 GPS-1, as well as, the statement, "...not connected with, or endorsed by, the U.S. Government or the federal Medicare program," can be found in BA25014AR which was approved by your Department on 11/3/09 under State Tracking Number 43646.

## 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  
185 Asylum Street Group Code: 707 Company Type: Life and Health  
Hartford, CT 06103 Group Name: State ID Number:  
(860) 702-5000 ext. [Phone] FEIN Number: 36-2739571

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## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation: \$50.00x1=\$50.00  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
UnitedHealthcare Insurance Company	\$50.00	09/02/2010	39204752

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed	Stephanie Fowler	09/08/2010	09/08/2010

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## **Disposition**

Disposition Date: 09/08/2010

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

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<b>Schedule Form</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
	RATE INSTRUCTION SHEET	Filed	Yes

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## Form Schedule

**Lead Form Number: SA25107AR (8-10)**

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed 09/08/2010	SA25107A R (8-10)	Advertising	RATE INSTRUCTION SHEET	Initial		45.000	SA25107AR (8-10).pdf

# Your Plans and Rates

AARP® Medicare Supplement Insurance Plans  
insured by UnitedHealthcare Insurance Company

Follow these steps to choose your plan and enroll.

## 1 Review the plans

Look over the chart on the following pages to find the plans that include the benefits you need. You'll find all of the AARP Medicare Supplement Plans available in your state. [Plan X, Plans X and X, Plans X, X and X are highlighted for your convenience.]

For more detailed plan information, please see the *Outlines of Coverage* included in this package.

## 2 Find your rate

The application and rates in this package are based on the information below. If any of this information is incorrect, the rates shown may be different and you may need a different application. Please call [1-XXX-XXX-XXXX].

- **Date of Birth:** [XX/XX/XXXX]
- **Medicare Part B Effective Date:** [XX/XX/XXXX]
- **Plan Effective Date:** [XX/XX/XXXX]
- **Address shown on the application**

[Based on the information above, you are eligible for the **Standard Rates**.]

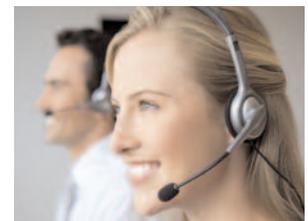
[**Standard Rates** – You are eligible for these rates if you do not have any of the medical conditions listed on the application. Choose the rate for Tobacco Users if you've used tobacco products in the last year.]

**Level 2 Rates** – You are eligible for these rates if you have any of the medical conditions listed on the application. Choose the rate for Tobacco Users if you've used tobacco products in the last year.]

## 3 Enroll

Once you've chosen a plan, fill out the application and mail it in. [Or enroll online at [www.aarphealthcare.com](http://www.aarphealthcare.com).] If you have questions, call [1-XXX-XXX-XXXX] for help.

**Apply now for your earliest possible effective date.**



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 purpose of AARP and its members. Neither AARP nor its affiliate is the insurer.

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

AARP Medicare Supplement Plans insured by UnitedHealthcare Insurance Company, Horsham, PA. Policy Form No. GRP 79171 GPS-1 (G-36000-4).

**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.

Enclosed is complete information, including benefits, costs, eligibility requirements, exclusions, and limitations.