

SERFF Tracking Number: UHLC-127865462 State: Arkansas
 Filing Company: UnitedHealthcare Insurance Company State Tracking Number: 50403
 Company Tracking Number: GU25028STGRS
 TOI: MS08G Group Medicare Supplement - Standard Sub-TOI: MS08G.001 Plan A 2010
 Plans 2010
 Product Name: GROUP MEDICARE SUPPLEMENT
 Project Name/Number: ADVERTISING/GU25028STGRS

Filing at a Glance

Company: UnitedHealthcare Insurance Company

Product Name: GROUP MEDICARE SUPPLEMENT SERFF Tr Num: UHLC-127865462 State: Arkansas

TOI: MS08G Group Medicare Supplement - Standard Plans 2010 SERFF Status: Closed-Filed-Closed State Tr Num: 50403

Sub-TOI: MS08G.001 Plan A 2010

Co Tr Num: GU25028STGRS

State Status: Filed-Closed

Filing Type: Advertisement

Reviewer(s): Stephanie Fowler

Authors: Michelle Ambach, Wanda Augustus, Tammy Frederick, Bobbie Walton

Disposition Date: 12/09/2011

Augustus, Tammy Frederick, Bobbie Walton

Bobbie Walton

Date Submitted: 12/06/2011

Disposition Status: Filed-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: ADVERTISING

Status of Filing in Domicile: Not Filed

Project Number: GU25028STGRS

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

Group Market Type: Association

Overall Rate Impact:

Filing Status Changed: 12/09/2011

State Status Changed: 12/09/2011

Deemer Date:

Created By: Michelle Ambach

Submitted By: Bobbie Walton

Corresponding Filing Tracking Number: GU25028STGRS

Filing Description:

Submitted for your review is advertising for use in connection with the AARP group health insurance plans. The enclosed advertising is new and does not replace any previously submitted advertisement.

The enclosed 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 Select Certificate: MDSC 0008, MDSF 0009 (Mass Marketed)
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)

The following enrollment application(s) will be used with the enclosed advertising material(s) approved by the Department on 3/22/10 under State Tracking Number 44910: M02M45MMMMAR01 01B.

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 or GU25003AR which were approved by the 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

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No

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Fee Explanation: \$50 X 1 = \$50
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
UnitedHealthcare Insurance Company	\$50.00	12/06/2011	54285257

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Stephanie Fowler	12/09/2011	12/09/2011

SERFF Tracking Number: UHLC-127865462 *State:* Arkansas
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Disposition

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Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

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Form Schedule

Lead Form Number: GU25028STGRS

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed-Closed 12/09/2011	GU25028S	Advertising	BOOKLET	Initial		45.000	GU25028STG RS.pdf



Medicare Supplement Plans
insured by **UnitedHealthcare**
Insurance Company

Learn how Medicare supplement insurance plans work.

Start here



First steps

Parts of Medicare

Medicare supplement insurance plans

AARP endorses the AARP Medicare Supplement Insurance Plans, insured by UnitedHealthcare Insurance Company. UnitedHealthcare Insurance Company pays royalty fees to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. AARP and its affiliates are not insurers.

GU25028STGRS

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First Steps

Start here to discover:

- How Medicare works
- Glossary of Medicare terms



Medicare may be confusing.
To get the answers you need...

Start here.



Important things to know

- Medicare wasn't designed to cover everything
- With Medicare Parts A & B, you must pay deductibles and co-insurance out of your own pocket
- A Medicare supplement plan helps to pay some or all of the costs that Medicare does not pay

Welcome! If you're thinking about Medicare supplement insurance coverage, this book will help guide you.

A Medicare supplement plan helps to pay for some of the costs that Medicare does not pay. In this guide, you'll discover what Medicare pays and how a Medicare supplement plan helps to pay some or all of the costs that Medicare does not pay.

When you choose the right Medicare supplement plan for your needs and budget, you may be able to reduce the amount of money you have to pay out of your own pocket.

This guide is a great starting point for you. You can save it to refer back whenever you have a question. On the next page, you'll get an at-a-glance listing of the Medicare terms that are used throughout the book.

In the **PARTS OF MEDICARE** section, you'll get the facts on how Medicare Part A and Part B work, and what Medicare does not pay.

In the **MEDICARE SUPPLEMENT INSURANCE** section, you'll discover how Medicare supplement insurance may help reduce your out-of-pocket costs. You'll discover what Medicare supplement insurance pays, how to choose the right plan for you and important tips on buying a plan. On page 15, you'll discover a Medicare supplement plan chart that lists the plans available to you.



When you understand how Medicare supplement plans work with Medicare, and how these plans may help lower your costs, you'll be able to choose the plan that works best for you.

Let's get started!

Next page: the Medicare terms you need to know



Frequently used Medicare terms

A semi-private
• Your hospital mea
• Skilled nursing ser
• Care in special un
• Drugs
• Medical sup

Anywhere you see an underlined term in this book, you'll find the definition here.

Benefit Period – A benefit period begins the first day you enter a hospital for inpatient care and ends after you have been out of the hospital (and have not received skilled care in any other facility) for 60 days in a row.

Co-insurance – An amount you pay as your share of the cost for services after you pay any deductibles.

Co-payment – Your share of the cost for a medical service or supply, like a doctor's visit, and hospital outpatient visits.

Deductible – The amount you must pay for health care before Medicare begins to pay.

Inpatient Care – care that you receive while you are admitted to the hospital.

Medically Necessary – Services or supplies that are needed for the diagnosis or treatment of your medical condition and meet accepted standards of medical practice.

Medicare-Approved Amount – this is the amount a doctor or supplier that accepts Medicare's assignment will be paid. This includes what Medicare pays plus any cost-sharing you pay.

Outpatient Care – care that you receive without being admitted to the hospital.

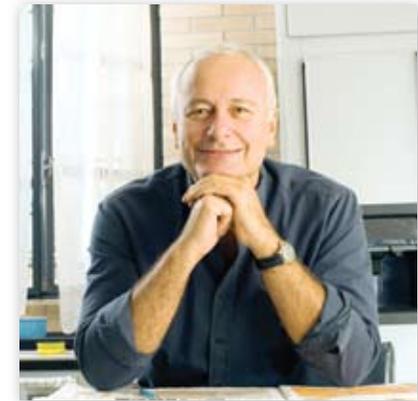
Premium – A set amount you have to pay to take part in a health care plan or program.

Preventive Services – Health care to prevent illness (like a flu shot) or detect illness at an early stage.

Skilled Nursing Facility – A facility that gives skilled nursing care and is approved for payment by Medicare.

Medicare Supplement Insurance Plan – Insurance that you buy from a private insurance company, like UnitedHealthcare.

Medicare supplement plans help pay some or all of the costs Medicare doesn't pay. Medicare supplement insurance plans are standardized, Plans A through N, allowing for a variety of choice.



Hospice care – Care to manage symptoms and control pain for the terminally ill.

Respite care – A short-term stay in a hospital or nursing home that's designed to give family caregivers a short break.

Parts of Medicare

In this section, you'll discover:

- How **Medicare Part A** works
- How **Medicare Part B** works
- The costs that Medicare does not pay





What you need to know about Medicare Part A

Medicare Part A will help you pay the costs of a hospital stay, as well as skilled nursing facility stays following a hospital stay. Examples of the types of costs paid include:

- Room and board
- Skilled nursing services
- Care in special units, such as intensive care
- Drugs given as part of a hospital stay
- Medical supplies & use of equipment
- Rehabilitation services
- Operating room expenses

Your Part A coverage renews automatically from year to year. You don't have to do anything.

Important things to know

- Medicare Part A helps pay the cost of inpatient hospital stays and skilled nursing facility stays following a hospital stay, plus hospice/respice care and some home health care.



Medicare Part A covers inpatient care during a hospital stay, skilled nursing facility care, and hospice care. Examples of the types of services covered include:

- A semi-private room in a hospital or skilled nursing facility

You'll find definitions for these terms on page 6: skilled nursing facility care, skilled nursing services.



What you need to know about Medicare Part B



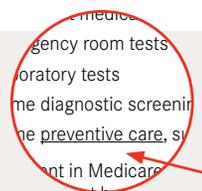
Medicare Part B will help you pay the costs of outpatient care including medically-necessary doctor visits and other medical services you receive when you're sick, including:

- Doctor's office visits
- Outpatient medical services
- Emergency room tests
- Lab tests
- Physical exams
- Some preventive care, such as a flu shot.

Enrollment in Medicare Part B is voluntary, but most people sign up when they first become eligible. Most people enroll in Medicare Parts A and B when they turn 65. To enroll in a Medicare supplement plan, you must be 65 or older*

Important things to know

- Medicare Part B helps pay the costs of **medically-necessary doctor visits and other medical services you receive when you're sick**



You'll find definitions for these terms on page 6: outpatient care, medically necessary, preventive care.

What about prescription drugs?

Prescription drug coverage is not included with a Medicare supplement plan. To help pay the costs of prescription drugs, you'll need to decide if you want to enroll in a Medicare Part D insurance plan, also called a Prescription Drug Plan (PDP).



* In some states, plans may be available to persons eligible for Medicare by reason of disability.

Understanding your out-of-pocket costs

Out-of-Pocket costs are the costs that Medicare does not pay, and you must pay with your own money. This includes the deductibles, co-payments and co-insurance.

Together, these out-of-pocket costs could easily total up to thousands of dollars that you have to pay.*

Out-of-Pocket costs cover, and you must pay the deductibles, co-payments and co-insurance. Together, these out-of-pocket costs could easily total up to thousands of dollars that you have to pay.*

You'll find definitions for these terms on page 6: deductible, co-payment, co-insurance, Medicare's approved amount.

Your out-of-pocket costs with Medicare Part A

- **Medicare Part A Deductible.** For the first 60 days of a hospital stay, you must pay the Medicare Part A deductible before Medicare pays its share. That's [\$1,156] for [2012].
- **Medicare Part A Co-Insurance.** After day 60 of a hospital stay, you'll pay co-insurance for hospital stays up to 150 days. That co-insurance may range from [\$289] per day up to [\$578] per day in [2012]. After 150 days in the hospital, you pay all costs.

Your out-of-pocket costs with Medicare Part B

- **Medicare Part B Deductible.** Before Medicare Part B pays its share, you must pay the yearly Part B Deductible. The Part B Deductible for [2012] is [\$140]. After you pay your deductible, you must pay a co-insurance.
- **Medicare Part B Co-Insurance.** Part B generally pays 80 percent and you pay the other 20 percent or more as co-insurance.
- **Excess Charges.** If your doctor does not agree to take Medicare's approved amount as full payment, you may be required to pay these excess charges above Medicare's approved amount.

But here's good news! A Medicare supplement plan may help protect you from some or all of the above costs that Medicare does not pay. So keep reading to learn more. ►

Medicare supplement insurance plan

In this section, you'll discover:

- How Medicare supplement insurance works with Medicare
- The benefits of a Medicare supplement plan
- How to choose the right plan for you
- Reasons to consider enrolling in an AARP® Medicare Supplement Insurance Plan insured by UnitedHealthcare Insurance Company (UnitedHealthcare)





How Medicare supplement insurance works with Medicare

As you've seen in the last section, there are a number of costs that Medicare does not pay. Normally, you would be responsible for these costs out of your own pocket.

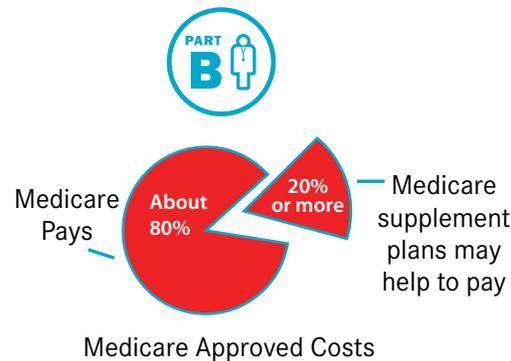
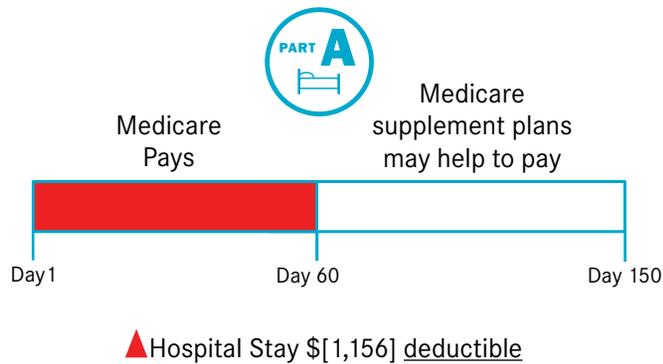
Fortunately, you have another option. You're able to purchase a Medicare supplement insurance plan to help pay some or all of these costs.

These plans are designed to work with Medicare Parts A & B and may reduce your out-of-pocket costs on Medicare-approved expenses.

As with all Medicare supplement plans, you don't have to stay within a plan network. You are able to choose any doctor or hospital who accepts Medicare patients.

Important things to know

- Medicare supplement plans may help reduce the costs you have to pay out of your own pocket by helping to pay some or all of the costs that Medicare doesn't pay.



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 a Medicare supplement
 ome or all of these

You'll find definitions for these terms on page 6: Medicare-approved expenses, Medicare supplement insurance plan.

Still not sure?

Take our **30-Second Medicare supplement needs quiz!**



1. Is it important to you to be able to choose your own doctors and hospitals without a network?

YES NO

2. If you move, do you want to keep your same plan?

YES NO

3. Is it important to you that your coverage goes with you when you travel within the U.S.?

YES NO

4. Would you prefer a plan that doesn't require referrals to see a specialist?

YES NO

5. Do you like the idea of limiting your out-of-pocket costs and are you comfortable with a monthly premium?

YES NO

If you answered YES to any of these questions, you may want to consider a Medicare supplement plan. Turn the page to learn more about why you should consider an AARP Medicare Supplement Plan.

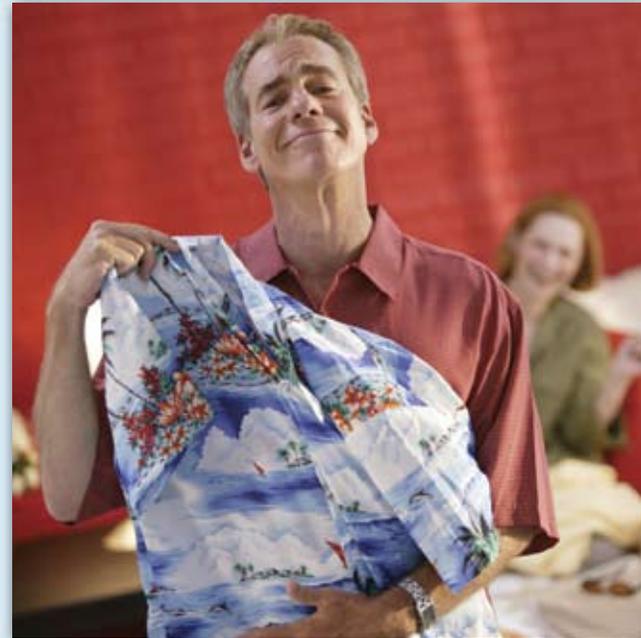
To learn how to choose the right Medicare supplement plan for you, just turn the page 

How to choose the right plan for you.

There are seven AARP Medicare Supplement Plans, insured by UnitedHealthcare, to choose from. Plans vary in MA, MN and WI. Each plan offers different levels of benefits, so you may choose the plan that best fits your health care needs.

All Medicare supplement plans provide the same basic benefits. Now that you know how Medicare supplement plans are designed to work with Medicare Parts A and B, read below to see what's great about the plans!

- **Helps protect you from some of the health-care costs Medicare doesn't pay.** A Medicare supplement plan may help pay for some of the costs Medicare does not pay, so you pay less out of your own pocket.
- **Freedom of choice with no networks.** With a Medicare supplement plan, you may choose any doctor, hospital or specialist who accepts Medicare patients.
- **No physician referrals.** You don't need a referral to see a specialist, so you won't have to deal with the hassles and paperwork of referrals.
- **Coverage that travels with you** when you travel or move anywhere in the United States.
- **Flexibility to apply for another Medicare supplement plan at any time.** There are no annual enrollment periods – you may apply for a change in your coverage whenever you see fit.



No matter what AARP Medicare Supplement Plan you choose, you'll enjoy outstanding customer service and the financial stability of UnitedHealthcare.*

*GfK Custom Research NA, "Medicare Supplement Plan Satisfaction Posted Questionnaire," 9/14/10, www.uhcmedsupstats.com or call [1-800-523-5800] to request a copy of the full report.

 = 100% Paid

In the chart below, you'll see the benefits offered under each plan. A green checkmark means the cost listed on the left is paid by the plan shown at the top of that column. A percentage means that plan pays a percentage of that cost.

AARP Medicare Supplement Plans and Benefits (Plans Vary in MA, MN, WI)							
BENEFITS	Plan A	Plan B	Plan C	Plan F	Plan K	Plan L	Plan N
Part A (Hospitalization) co-insurance plus 365 additional hospital days after Medicare benefits end	✓	✓	✓	✓	✓	✓	✓
Part B (Medical) co-insurance or co-payments	✓	✓	✓	✓	50% ¹	75% ¹	Co-pay ²
Blood first 3 pints each year	✓	✓	✓	✓	50%	75%	✓
Hospice/Respite care co-insurance cost	✓	✓	✓	✓	50%	75%	✓
Skilled nursing facility Care co-insurance			✓	✓	50%	75%	✓
Part A Deductible		✓	✓	✓	50%	75%	✓
Part B Annual Deductible			✓	✓			
Part B Excess Charges ³				✓			
Foreign Travel Emergency ^{4†} (Up to Plan Limits)			80%	80%			80%
Annual Out-of-Pocket spending limit ¹					[\$4,660]	[\$2,330]	

¹ While most AARP Medicare Supplement Plans do not have an annual out-of-pocket maximum, [2012] Plan K has an out-of-pocket maximum of [\$4,660] and Plan L has an out-of-pocket maximum of [\$2,330]. Services under Plan K and Plan L that do not count toward out-of-pocket maximums include Part B excess charges and any service not covered by Medicare. After you meet your out-of-pocket yearly limit and your yearly Part B deductible ([\$140 in 2012]), the Plans pay 100% of covered services for the rest of the calendar year.

² Plan N pays 100% of the Part B co-insurance, except for a co-payment of up to \$20 for office visits and up to a \$50 co-payment for emergency room visits.

³ Under Ohio and Pennsylvania law, a physician may not charge or collect fees from Medicare patients. In TX, excess charges are not to exceed 15% over the Medicare-approved amount or any other charge limitation established by the Medicare program or state law. Note that the limiting charge applies only to certain services and does not apply to some supplies and durable medical equipment.

⁴ Foreign Travel Emergency benefit is 80% and beneficiaries are responsible for 20% after the \$250 annual deductible with a \$50,000 lifetime maximum.

† Care needed immediately because of an injury or an illness of sudden and unexpected onset.

Top reasons to choose an AARP Medicare Supplement Insurance Plan over other plans



Let's comparison shop – quick & easy!

Before you consider purchasing Medicare supplement insurance from another company, ask yourself these questions... then see the opposite page to discover the advantages that an AARP Medicare Supplement Plan provides.

Do you prefer an insurance company that has decades of experience serving Medicare-eligible retirees?

YES NO

Do you like the idea of being part of a large group that helps to keep rates stable from one year to the next?

YES NO

If you have a question or problem, do you want to know that it will be handled quickly when you call?*

YES NO

Is it important to you that your insurance plan has high satisfaction among its members?*

YES NO

If you answered “YES” to any of these questions, an AARP Medicare Supplement Plan may be right for you!



All Medicare supplement plans offer the same basic benefits, but an AARP Medicare Supplement Plan, insured by UnitedHealthcare, offers many advantages:

- **Backed by the expertise and stability of UnitedHealthcare.** When you sign-up with an insurance company, you want to know that they'll be there for you when you need them. That means they should be financially stable. AARP Medicare Supplement Plans are insured by UnitedHealthcare Insurance Company, a company ranked highly for financial stability. On [Dec. 22, 2010], UnitedHealthcare Insurance Company was rated "A-stable" by A.M. Best†, an independent organization that evaluates insurance company financial performance.
- **Large group helps keep rates stable.** With nearly [2.9] million AARP members insured, AARP Medicare Supplement Plans are able to keep rates stable from one year to the next.*
- **Outstanding customer service.** If you have a question about your plan's coverage, you want fast, responsive answers when you call for help. [96] percent of insured AARP members surveyed

reported being satisfied with AARP Medicare Supplement Insurance Plans, and [nine in ten] surveyed were satisfied with their overall experience of the UnitedHealthcare customer service department.**

- **Effective claims processing.** [95] percent of customers surveyed who had a claim filed automatically were satisfied with how their claims were processed.
- **Endorsed by AARP.** AARP Medicare Supplement Insurance Plans are the only Medicare supplement plans endorsed by AARP, the organization dedicated to improving the lives of Americans age 50 and over.***
- **Chosen by millions of AARP members.** AARP Medicare Supplement Insurance is the health insurance plan of choice for more than [2.9] million AARP members nationwide.****

† The rating refers only to the overall financial status of the company and is not a recommendation of the specific policy provisions, rates or practices of the insurance company. www.ambest.com

* Rate increases averaging [6%] annually nationally over the last five years. National aggregate figure based on internal company for rate increases implemented during years [2006 - 2010]. (Increases vary by plan, state and year.)

** GfK Custom Research NA, "Medicare Supplement Plan Satisfaction Posted Questionnaire," 9/14/10, www.uhcmedsupstats.com or call [1-800-523-5800] to request a copy of the full report.

*** The AARP Medicare Supplement Insurance Plans carry the AARP name and UnitedHealthcare Insurance Company 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.

**** infogroup/ORC, "Substantiation of Advertising Claims Concerning AARP Medicare Supplement Insurance Plans," December, 2010, www.uhcmedsupstats.com or call [1-800-523-5800] to request a copy of the full report

Additional information

AARP endorses the AARP Medicare Supplement Insurance Plans, insured by UnitedHealthcare Insurance Company. UnitedHealthcare Insurance Company pays royalty fees to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. AARP and its affiliates are not insurers.

AARP does not employ or endorse agents, brokers or producers.

AARP doesn't make individual recommendations for health related products, services, insurance and programs. You are encouraged to evaluate your needs and compare products.

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.

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.

Your agent/producer will provide complete information including benefits, costs, eligibility requirements, exclusions and limitations.

Important Exclusion Information for Arizona, Idaho, Kansas, Maryland, Oklahoma and Texas residents:

- Benefits provided under Medicare.
- Care not meeting Medicare's standards.
- Injury or sickness payable by Workers' Compensation or similar laws.
- Stays or treatment provided by a government-owned or -operated hospital or facility unless payment of charges is required by law.

- Stays, care, or visits for which no charge would be made to you in the absence of insurance.

For Arizona, Kansas and Oklahoma residents: Stays beginning, or care or supplies received, before your plan's effective date.

For Idaho residents: Any portion of hospital or skilled nursing facility stay that takes place prior to your plan's effective date. Medical expenses incurred before your plan's effective date.

For Maryland and Texas residents: Any period of hospital or skilled nursing facility stay that occurs prior to the effective date. Care or supplies received before your plan's effective date.

For Arizona, Idaho, Kansas and Oklahoma residents: Any stay which begins, or medical expenses you incur, during the first 3 months after your effective date will not be considered if due to a pre-existing condition. A pre-existing condition is a condition for which medical advice was given or treatment was recommended by or received from a physician within 3 months prior to your plan's effective date.

For Maryland and Texas residents: Expenses you incur during the first 3 months after your effective date will not be considered if due to a pre-existing condition. A pre-existing condition is a condition for which medical advice was given or treatment was recommended by or received from a physician within 3 months prior to your plan's effective date.

Brought to you by:



Medicare Supplement Plans

insured by **UnitedHealthcare**
Insurance Company

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Supporting Document Schedules

		Item Status:	Status
Satisfied - Item:	SOV	Filed-Closed	Date: 12/09/2011
Comments:			
Attachment:			
SOV.pdf			

GU25028STGRS

Variable	Description
Slide 10: [\$1,156]	Medicare Part A Hospital Stay Deductible for day 1-60
Slide 10: [\$289] per day up to [\$578]	Medicare Part A co-insurance cost range for hospital stays from day 61-150.
Slide 10: [\$140]	Medicare Part B yearly deductible
Slide 10: [2012]	Year being referenced
Slide 12: [1,156]	Medicare Part A Hospital Stay Deductible for day 1-60
Slide 14: [1-800-523-5800]	Contact number for further info. Telephone number/code may change with each mail date. (Different phone numbers/codes are used internally in order to track consumer response rates.)
Slide 15: [\$4,660]	Plan K out of pocket spending maximum
Slide 15: [\$2,330]	Plan L out of pocket maximum
Slide 15: [\$140 in 2012]	Medicare Part B yearly deductible for year referenced
Slide 16: [1-800-523-5800]	Contact number to request a copy of the full report of Medicare Supplement Plan Satisfaction Posted Questionnaire. Telephone number may change depending on mail date.
Slide17: [Dec. 22, 2010]	Year of the statistic referenced
Slide 17: [2.9]	Number of insured AARP members
Slide 17: [96]	Percentage of insured AARP members surveyed who reported being satisfied with AARP Medicare Supplement Insurance Plans.
Slide 17: [95]	Percentage of customers surveyed who were satisfied with how their claims were filed.
Slide 17: [6%]	National annual rate increase over the past five years.
Slide 17: [2006-2010]	Years rate increase was averaged over.
Slide 17: [1-800-523-5800]	Contact number to request a copy of the full report of Substantiation of Advertising Claims Concerning AARP Medicare Supplement Plans or Medicare Supplement Plan Satisfaction Posted Questionnaire. Telephone number may change depending on mail date.