

SERFF Tracking Number: UHLC-127156151 State: Arkansas
Filing Company: UnitedHealthcare Insurance Company State Tracking Number: 48716
Company Tracking Number: LA25559ST
TOI: MS08G Group Medicare Supplement - Standard Sub-TOI: MS08G.001 Plan A 2010
Plans 2010
Product Name: GROUP MEDICARE SUPPLEMENT
Project Name/Number: ADVERTISING/LA25559ST

Filing at a Glance

Company: UnitedHealthcare Insurance Company

Product Name: GROUP MEDICARE SUPPLEMENT SERFF Tr Num: UHLC-127156151 State: Arkansas

TOI: MS08G Group Medicare Supplement - Standard Plans 2010 SERFF Status: Closed-Filed-Closed State Tr Num: 48716

Sub-TOI: MS08G.001 Plan A 2010

Co Tr Num: LA25559ST

State Status: Filed-Closed

Filing Type: Advertisement

Reviewer(s): Stephanie Fowler

Authors: Michelle Ambach, Tammy Frederick, Bobbie Walton

Disposition Date: 05/31/2011

Date Submitted: 05/09/2011

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: LA25559ST

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: 05/31/2011

State Status Changed: 05/31/2011

Deemer Date:

Created By: Michelle Ambach

Submitted By: Tammy Frederick

Corresponding Filing Tracking Number: LA25559ST

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.

Certificates were approved 11/5/09 under St. Tr # 43459

Standardized Medicare Supplement Certificates: MDA 0001 – MDN 0007 (Mass Marketed)

Standardized Medicare Supplement Certificates: MAA 0010 – MAN 0016 (Agent Sales only)

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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, M92942MNMMAR01 01B ,M94140MNMMAR01 01B ,S75646IMMMAR01 01B,S93042MNMMAR01 01B, S93143AGMMAR01 01B, S93244AGMMAR01 01B, S94340MNMMAR01 01B-approved on 11/13/09 under St Tr# 43696

MIPPA enrollment apps: M02M45MMMMAR01 01B, S02N45MMMMAR01 01B -approved 3/22/10 under St. Tr# 44910

MIPPA Web Enrollment Application -S931436AGWBAR01 01B -approved on 4/9/10 under St. Tr. # 45371.
MIPPA Web Wrap and Web Guide-BA25014ARWB & GU25003ARWB-approved on 1/28/10 under St. Tr# 44550

MIPPA 360 App-S93136AGMMAR01 01B -approved on 1/6/10 under St. Tr# 44273

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

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 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
 Fee Explanation: 1 @ 50.00 per
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
UnitedHealthcare Insurance Company	\$50.00	05/09/2011	47394093

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Stephanie Fowler	05/31/2011	05/31/2011

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Disposition

Disposition Date: 05/31/2011

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule Form	Schedule Item Letter	Schedule Item Status	Public Access
		Filed-Closed	Yes

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Form Schedule

Lead Form Number: LA25559ST

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed-Closed 05/31/2011	LA25559ST	Advertising Letter		Initial		45.000	LA25559ST.pdf

[Sample A. Sample
1234 Main Street
Anytown, USA 12345]

Dear [Sample A. Sample],

Thank you for selecting an AARP® Medicare Supplement Insurance Plan, insured by UnitedHealthcare Insurance Company.

Enclosed you will find detailed plan information for the plan(s) you selected. Please be sure to review these materials for a description of the plan(s) including:

- Benefits
- Cost
- Eligibility requirements
- Exclusions and limitations.

Your enrollment application, which includes information you provided during your recent telephone conversation with a licensed agent, is being mailed separately. Once you have verified the information on the application, please sign the application and return it in the envelope provided. You will be notified when your application has been processed.

If you have any questions, call this toll-free number: [1-866-766-6087]. Again, thank you for choosing an AARP Medicare Supplement Plan.

Sincerely,



Susan Morisato
President, Insurance Solutions
UnitedHealthcare Insurance Company

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.

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

Insured by UnitedHealthcare Insurance Company, Horsham, PA (UnitedHealthcare of New York, Islandia, NY 11749 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.

See the enclosed materials for complete information including benefits, costs, eligibility requirements, exclusions and limitations.