

SERFF Tracking Number: UHLC-127197025 State: Arkansas
 Filing Company: UnitedHealthcare Insurance Company State Tracking Number: 48994
 Company Tracking Number: LA25339ST (5-11)
 TOI: MS08G Group Medicare Supplement - Standard Sub-TOI: MS08G.001 Plan A 2010
 Plans 2010
 Product Name: GROUP MEDICARE SUPPLEMENT
 Project Name/Number: ADVERTISING/LA25339ST (5-11)

Filing at a Glance

Company: UnitedHealthcare Insurance Company

Product Name: GROUP MEDICARE SUPPLEMENT SERFF Tr Num: UHLC-127197025 State: Arkansas

TOI: MS08G Group Medicare Supplement - Standard Plans 2010 SERFF Status: Closed-Filed-Closed State Tr Num: 48994

Sub-TOI: MS08G.001 Plan A 2010

Co Tr Num: LA25339ST (5-11)

State Status: Filed-Closed

Filing Type: Advertisement

Reviewer(s): Stephanie Fowler

Authors: Michelle Ambach, Tammy Frederick, Bobbie Walton

Date Submitted: 06/07/2011

Disposition Date: 06/29/2011

Implementation Date Requested: On Approval

Disposition Status: Filed-Closed

State Filing Description:

Implementation Date:

General Information

Project Name: ADVERTISING

Status of Filing in Domicile: Not Filed

Project Number: LA25339ST (5-11)

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: 06/29/2011

State Status Changed: 06/29/2011

Deemer Date:

Created By: Michelle Ambach

Submitted By: Tammy Frederick

Corresponding Filing Tracking Number: LA25339ST (5-11)

Filing Description:

UnitedHealthcare Insurance Company

AARP Medicare Supplement Advertising Material

NAIC No: 0707-79413

Submitted for your review is advertising for use in connection with the AARP group health insurance plans. LA25339ST (5-11) is substantially similar in content to advertising previously approved by the Department on 9/14/2010 under the Department's File Number: 46763.

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The Standardized Medicare Supplement Certificates and legals listed below were previously approved by the Department on 11/5/2009 under the Department's File Number: 43459.

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, M92942MNMAR01 01B ,M94140MNMAR01 01B ,S75646IMMMAR01 01B,S93042MNMAR01 01B, S93143AGMMAR01 01B, S93244AGMMAR01 01B, S94340MNMAR01 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

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
680 Blair Mill Rd.
Horsham, PA 19044

Susan_J_Cipollo@uhc.com
215-902-8444 [Phone]
215-902-8813 [FAX]

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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:	\$100.00
Retaliatory?	No
Fee Explanation:	50.00 per component, 2 components
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
UnitedHealthcare Insurance Company	\$100.00	06/07/2011	48409946

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Stephanie Fowler	06/29/2011	06/29/2011

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Disposition

Disposition Date: 06/29/2011

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

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Form Schedule

Lead Form Number: LA25339ST (5-11)

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed-Closed 06/29/2011	LA25339ST (5-11)	Advertising	LETTER	Initial		45.000	LA25339ST (5-11).pdf
Filed-Closed 06/29/2011	LA25340ST (5-11)	Advertising	LETTER	Initial		45.000	LA25340ST (5-11).pdf

*{{AARP Medicare Supplement Plans logo here
insured by UnitedHealthcare Insurance Company}}*

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

Thank you for selecting an AARP[®] Medicare Supplement Insurance Plan.

Dear [Sample A. Sample],

Thank you for your interest in [AARP[®] Medicare Supplement Insurance Plan X/AARP[®] Medicare Select Insurance Plan X], insured by UnitedHealthcare Insurance Company (UnitedHealthcare). Enclosed you will find details about the plan. Please take a few minutes now to review this important information.

Enclosed materials include:

Outline of Coverage – includes an **Overview of Available Plans** in your area as well as a **Plan Benefit Table** showing more detailed information about the plan you are applying for.

Cover Page – Rates – shows the rates for each of the plans available in your state.

Your Guide – here you'll find information on eligibility requirements, guaranteed acceptance, glossary of terms and exclusions.

Electronic Funds Transfer (EFT) Form – sign up for the easy payment option, EFT, and save up to \$24.00 per year, per household. With EFT, you never have to worry about missing a payment because your bank will forward it automatically.

Please note that you will be receiving your enrollment application separately, which includes the information you provided during a recent telephone conversation. Once you receive your application, please make sure that all information is correct, complete any highlighted sections, and sign and date your application in the areas indicated.

After reviewing these materials, should you have any questions, please call **1-800-272-2146**. You can call weekdays 7 a.m. to 11 p.m., and Saturday from 9 a.m. to 5 p.m., Eastern Time.

Your business is appreciated and it will be a pleasure to serve your health insurance needs for many years to come.

LA25339ST (5-11)

Sincerely,

Susan Morisato
President, Insurance Solutions
UnitedHealthcare Insurance Company

Important Notice: You are entitled to receive *A Guide to Health Insurance for People with Medicare*. This guide is free and briefly describes the Medicare program and the health insurance available to those on Medicare. If you are interested in receiving this free guide, please call 1-800-272-2146, toll-free, or find it on the web at www.medsupeducation.com.

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 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 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.

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

Visit www.AARPMedSup.com
AARP MEDICARE SUPPLEMENT INSURANCE PLANS
Insured by UnitedHealthcare Insurance Company

*{{AARP Medicare Supplement Plans logo here
insured by UnitedHealthcare Insurance Company}}*

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

Thank you for selecting an AARP[®] Medicare Supplement Insurance Plan.

Dear [Sample A. Sample],

Thank you for applying for an AARP[®] Medicare Supplement Insurance Plan, insured by UnitedHealthcare Insurance Company (UnitedHealthcare). Enclosed you will find details about the plans which you should keep for your records.

Enclosed materials include:

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