

State: Arkansas **Filing Company:** UnitedHealthcare Insurance Company
TOI/Sub-TOI: MS08G Group Medicare Supplement - Standard Plans 2010/MS08G.001 Plan A 2010
Product Name: GROUP MEDICARE SUPPLEMENT
Project Name/Number: ADVERTISING/FM12-696

Filing at a Glance

Company: UnitedHealthcare Insurance Company
Product Name: GROUP MEDICARE SUPPLEMENT
State: Arkansas
TOI: MS08G Group Medicare Supplement - Standard Plans 2010
Sub-TOI: MS08G.001 Plan A 2010
Filing Type: Advertisement
Date Submitted: 10/02/2012
SERFF Tr Num: UHLC-128710012
SERFF Status: Closed-Filed-Closed
State Tr Num:
State Status: Filed-Closed
Co Tr Num: FM12-696
Implementation: On Approval
Date Requested:
Author(s): Wanda Augustus, Bobbie Walton, Lisa Muhammad
Reviewer(s): Stephanie Fowler (primary)
Disposition Date: 10/04/2012
Disposition Status: Filed-Closed
Implementation Date:

State Filing Description:

State: Arkansas **Filing Company:** UnitedHealthcare Insurance Company
TOI/Sub-TOI: MS08G Group Medicare Supplement - Standard Plans 2010/MS08G.001 Plan A 2010
Product Name: GROUP MEDICARE SUPPLEMENT
Project Name/Number: ADVERTISING/FM12-696

General Information

Project Name: ADVERTISING	Status of Filing in Domicile: Not Filed
Project Number: FM12-696	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: 10/04/2012	
State Status Changed: 10/04/2012	Deemer Date:
Created By: Lisa Muhammad	Submitted By: Lisa Muhammad
Corresponding Filing Tracking Number: FM12-696	

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 material included within this filing is an Invitation to Inquire.

Company and Contact

Filing Contact Information

Cheryl Gomez, Compliance Manager	cheryl_l_gomez@uhc.com
680 BLAIR MILL RD	215-902-8452 [Phone]
Horsham, PA 19044	

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:	\$250.00
Retaliatory?	No
Fee Explanation:	\$50 X 5 = \$250.00
Per Company:	No

Company	Amount	Date Processed	Transaction #
UnitedHealthcare Insurance Company	\$250.00	10/02/2012	63317093

SERFF Tracking #:

UHLC-128710012

State Tracking #:

Company Tracking #:

FM12-696

State:

Arkansas

Filing Company:

UnitedHealthcare Insurance Company

TOI/Sub-TOI:

MS08G Group Medicare Supplement - Standard Plans 2010/MS08G.001 Plan A 2010

Product Name:

GROUP MEDICARE SUPPLEMENT

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Stephanie Fowler	10/04/2012	10/04/2012

SERFF Tracking #:

UHLC-128710012

State Tracking #:

Company Tracking #:

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State:

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Disposition

Disposition Date: 10/04/2012

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	STATEMENT OF VARIABILITY	Filed-Closed	Yes
Form	EMAIL ADVERTISEMENT	Filed-Closed	Yes
Form	EMAIL ADVERTISEMENT	Filed-Closed	Yes
Form	EMAIL ADVERTISEMENT	Filed-Closed	Yes
Form	LANDING PAGE	Filed-Closed	Yes
Form	LANDING PAGE	Filed-Closed	Yes

State:

Arkansas

Filing Company:

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Form Schedule

Lead Form Number: WB25435ST

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1	Filed-Closed 10/04/2012	WB25435ST	ADV	EMAIL ADVERTISEMENT	Initial:	45.000	WB25435ST.pdf
2	Filed-Closed 10/04/2012	WB25436ST	ADV	EMAIL ADVERTISEMENT	Initial:	45.000	WB25436ST.pdf
3	Filed-Closed 10/04/2012	WB25437ST	ADV	EMAIL ADVERTISEMENT	Initial:	45.000	WB25437ST.pdf
4	Filed-Closed 10/04/2012	LP259ST	ADV	LANDING PAGE	Initial:	45.000	LP259ST.pdf
5	Filed-Closed 10/04/2012	LP261ST	ADV	LANDING PAGE	Initial:	45.000	LP261ST.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

From: [AARPMedSupInsPlans@UHC.com]
Date: [XX/XX/XX variable]
To: [XXXX@XX variable]
Subject: Here's the information you requested

Prepared for:
[Sam A. Sample]

Thank you for requesting *Your Decision Guide*. Click the links below to find all the information you need to make an informed decision about AARP® Medicare Supplement Insurance Plans, insured by UnitedHealthcare Insurance Company.

[Click here for *Your Decision Guide*](#)

Be on your way to a better understanding of the steps you'll need to take:

- Review the plans and pricing
- Choose the plan that meets your needs and budget
- Complete and submit your application

Questions?
Help is just a phone call away. Call [\[1-XXX-XXX-XXXX\]](#), Monday to Friday, 7 a.m. to 11 p.m., and Saturday, 9 a.m. to 5 p.m. ET. (TTY: call 711)

When you're ready to make a decision, there are two ways to apply:



Call toll-free: [\[1-XXX-XXX-XXXX\]](#)



[Click here to make your plan selection and apply online](#)

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

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.

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 under age 65 who are eligible for Medicare by reason of disability or End-Stage Renal Disease.

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.

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

You have received this message because you requested information about AARP Medicare Supplement Plans, insured by UnitedHealthcare Insurance Company (UnitedHealthcare Insurance Company of New York for New York residents).

Please **do not reply** to this email address. This mailbox is used for outbound email only. Click to [unsubscribe](#) from future emails on this subject or [unsubscribe](#) from all email.

If you have received this email in error, please [unsubscribe](#).

UnitedHealthcare Insurance Company
5901 Lincoln Drive | Edina, MN 55436

Your privacy is important to us. Click to view [Privacy Policy](#).

WB25435ST

From: [AARPMedSupInsPlans@UHC.com]
Date: [XX/XX/XX variable]
To: [XXXX@XX variable]
Subject: Reminder: You requested a Decision Guide

Prepared for:
[Sam A. Sample]

You requested *Your Decision Guide* on [Month day, year].
Click the links below to find everything you need to choose the AARP® Medicare Supplement Insurance Plan, insured by UnitedHealthcare Insurance Company, that's right for you.

If you haven't yet had a chance to review the information, the link below will help you get started.

[Click here for Your Decision Guide](#)

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- Complete and submit your application

Questions?
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5901 Lincoln Drive | Edina, MN 55436

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From: [\[AARPMedSupInsPlans@UHC.com\]](mailto:AARPMedSupInsPlans@UHC.com)
Date: [\[XX/XX/XX variable\]](#)
To: [\[XXXX@XX variable\]](#)
Subject: Don't forget to review the info you requested

Prepared for:
[\[Sam A. Sample\]](#)

Don't forget that back on [\[Month day, year\]](#), you asked for information on AARP® Medicare Supplement Insurance Plans, insured by UnitedHealthcare Insurance Company. Here's a reminder to take a look at *Your Decision Guide* if you haven't done so already. If you've already applied, thank you.

[Click here for Your Decision Guide](#)

Be on your way to a better understanding of the steps you'll need to take:

- Review the plans and pricing
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- Complete and submit your application

Still have questions?
Help is just a phone call away. Call [\[1-XXX-XXX-XXXX\]](tel:1-XXX-XXX-XXXX), Monday to Friday, 7 a.m. to 11 p.m., and Saturday, 9 a.m. to 5 p.m. ET. (TTY: call 711)

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[CLICK HERE TO ACCESS YOUR INFORMATION ▶](#)

Follow these simple steps:

- 1 | Review the plans and pricing
- 2 | Choose a plan that meets your needs and budget
- 3 | Complete and submit your application online

YOUR DECISION GUIDE

Choosing the right path makes all the difference when you're going the extra mile | **GO LONG™**

Why choose a Medicare supplement plan?

FLEXIBILITY

Keep your own doctor and hospital that accepts Medicare patients

CHOICE

See any specialist without a referral

CONTROL

Enjoy coverage that travels with you wherever you go in the U.S.



[NEW TO MEDICARE? ▶](#)
Download the *Medicare at a Glance* guide

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

You must be an AARP member to enroll.

AARP Medicare Supplement Insurance Plans

CLICK HERE TO ACCESS YOUR INFORMATION ►

FOLLOW THESE SIMPLE STEPS:

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UHLC-128710012

State Tracking #:

Company Tracking #:

FM12-696

State:

Arkansas

Filing Company:

UnitedHealthcare Insurance Company

TOI/Sub-TOI:

MS08G Group Medicare Supplement - Standard Plans 2010/MS08G.001 Plan A 2010

Product Name:

GROUP MEDICARE SUPPLEMENT

Project Name/Number:

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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	STATEMENT OF VARIABILITY	Filed-Closed	10/04/2012
Comments:			
Attachment(s):			
e fulfillment SOV.pdf			

STATEMENT OF VARIABILITY

Variable Copy for: WB25435ST WB25436ST WB25437ST LP259ST LP261ST All variables listed below do not appear in every component. This list is a collective explanation of all variables that appear in all submitted component versions. Simply look for the variable copy in the left-hand column and find a description in the right-hand column.	Description:
[AARPMedSupInsPlans@UHC]	Who the email is being sent from. This is variable in case we ever would want to modify slightly.
[XX/XX/XX variable]	Date goes here
[XXXX@XX variable]	Address of prospect receiving this email
[Sample A. Sample]	Name of prospect.
[1-XXX-XXX-XXXX]	Phone number prospect should call for more information. The phone numbers will vary per email effort, so we can track sales to email effort. If we used one phone number for everything, we wouldn't be able to tell which efforts are bringing in the most sales.