

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/FM12-813

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: 11/05/2012
SERFF Tr Num: UHLC-128751949
SERFF Status: Closed-Filed-Closed
State Tr Num:
State Status: Filed-Closed
Co Tr Num: FM12-813
Implementation: On Approval
Date Requested:
Author(s): Michelle Ambach, Wanda Augustus, Tammy Frederick, Bobbie Walton
Reviewer(s): Stephanie Fowler (primary)
Disposition Date: 11/14/2012
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
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General Information

| | |
|--|---|
| Project Name: ADVERTISING | Status of Filing in Domicile: Not Filed |
| Project Number: FM12-813 | 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: 11/14/2012 | |
| State Status Changed: 11/14/2012 | Deemer Date: |
| Created By: Michelle Ambach | Submitted By: Wanda Augustus |
| Corresponding Filing Tracking Number: FM12-813 | |

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: | \$50.00 |
| Retaliatory? | No |
| Fee Explanation: | \$50.00 X 1 FORM = \$50.00 |
| Per Company: | No |

| Company | Amount | Date Processed | Transaction # |
|------------------------------------|---------|----------------|---------------|
| UnitedHealthcare Insurance Company | \$50.00 | 11/05/2012 | 64560684 |

SERFF Tracking #:

UHLC-128751949

State Tracking #:

Company Tracking #:

FM12-813

State:

Arkansas

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TOI/Sub-TOI:

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

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Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|--------------|------------------|------------|----------------|
| Filed-Closed | Stephanie Fowler | 11/14/2012 | 11/14/2012 |

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Disposition

Disposition Date: 11/14/2012

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 | FACT SHEET | Filed-Closed | Yes |

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Form Schedule

Lead Form Number: SA25358ST

| Item No. | Schedule Item Status | Form Name | Form Number | Form Type | Form Action | Action Specific Data | Readability Score | Attachments |
|----------|----------------------------|------------|-------------|-----------|-------------|----------------------|-------------------|---------------|
| 1 | Filed-Closed 11/14/2012 | FACT SHEET | SA25358ST | ADV | Initial | | 45.000 | SA25358ST.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 |

NUMBERS

You Can Count On

Good products and service are important, especially when it comes to health insurance. You want a plan you can count on. Purchasing an AARP® Medicare Supplement Insurance Plan, insured by UnitedHealthcare Insurance Company, can give you confidence you'll have coverage you can rely on. **Just look at the numbers.**

3 Million

There are three-million insured members in AARP Medicare Supplement Plans.*

90%

Of planholders surveyed, nine out of ten said they would renew their AARP Medicare Supplement Plan.**

94%

More than nine out of ten surveyed insured members indicated satisfaction with their AARP Medicare Supplement Plan.**

98%

Of claims filed, ninety-eight percent are processed within 10 days.*

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

CALL TODAY!

As a licensed agent/producer authorized to offer AARP Medicare Supplement Insurance Plans, I'll review your needs and help you find the right plan for you.

<agent/producer NameXXXXXXXXXXXXXX>

[Licensed insurance agent/producer contracted with UnitedHealthcare Insurance Company]

<XXX-XXX-XXXX>

<contact@email.comXXXXXXXXXXXXXXXXXXXXXX>

<www.website.comXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXX>

* From a report prepared for UnitedHealthcare Insurance Company by ORC International, "Substantiation of Advertising Claims Concerning AARP Medicare Supplement Insurance Plans," March 2012, www.UHCMedSupStats.com or call 1-800-523-5800 to request a copy of the full report.

** From a report prepared for UnitedHealthcare Insurance Company by GfK Custom Research NA, "Medicare Supplement Plan Satisfaction Posted Questionnaire," 3/21/12, www.UHCMedSupStats.com or call 1-800-523-5800 to request a copy of the full report.

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. A licensed insurance agent/producer may contact you.

Call to receive complete information including benefits, costs, eligibility requirements, exclusions and limitations.

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Supporting Document Schedules

| | | Item Status: | Status Date: |
|--------------------------|--|--------------|--------------|
| Satisfied - Item: | STATEMENT OF VARIABILITY | Filed-Closed | 11/14/2012 |
| Comments: | SEE ATTACHED STATEMENT OF VARIABILITY. | | |
| Attachment(s): | | | |
| SA25358ST SOV_NoCode.pdf | | | |

STATEMENT OF VARIABILITY

Fact Sheet: SA25358ST

| Variable | Description |
|--|--|
| <agent/producer NameXXXXXXXXXXXXXXXXXX> | Agent/Producer's name may or may not appear. |
| [Licensed insurance agent/producer contracted with UnitedHealthcare Insurance Company] | Agent/Producer may or may not be contracted with UnitedHealthcare Insurance Company. |
| <XXX-XXX-XXXX> | Agent/Producer's phone number may or may not appear. |
| <contact@email.comXXXXXXXXXXXXXXXXXXXXXX> | Agent/Producer's email address may or may not appear. |
| <www.website.comXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXX> | Agent/Producer's website may or may not appear. |