

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/FM12-547

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: 07/23/2012
SERFF Tr Num: UHLC-128585926
SERFF Status: Closed-Filed-Closed
State Tr Num:
State Status: Filed-Closed
Co Tr Num: FM12-547

Implementation
Date Requested:
Author(s): Michelle Ambach, Wanda Augustus, Tammy Frederick, Bobbie Walton, Lisa Muhammad
Reviewer(s): Stephanie Fowler (primary)
Disposition Date: 07/27/2012
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/FM12-547

General Information

Project Name: ADVERTISING Status of Filing in Domicile: Not Filed
 Project Number: FM12-547 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: 07/27/2012
 State Status Changed: 07/27/2012 Deemer Date:
 Created By: Michelle Ambach Submitted By: Lisa Muhammad
 Corresponding Filing Tracking Number: FM12-547

Filing Description:

Submitted for your review is advertising for use in connection with the AARP group health insurance plans. The enclosed advertising is substantially similar in content to LA25550ST, CA25113ST, CA25113ST (the Business reply card attached to the original filing also had the component number CA25113ST and is being replaced here with CA25113ST BRC (06-12)), AS2631ST, AS2633ST and AS2634ST approved by the Department on 4/1/2011 under SERFF Tracking Number UHLC-127095247. The enclosed advertising is also similar in content to CA25149ST approved by the Department on 8/25/2011 under SERFF Tracking Number UHLC-127356631.

Final production of CA25113ST (06-12) will show the component number on the bottom left hand corner of the advertisement.

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 CoCode: 79413 State of Domicile: Connecticut
 Company Group Code: 707 Company Type: Life and
 185 Asylum Street Group Name: Health
 Hartford, CT 06103 FEIN Number: 36-2739571 State ID Number:
 (860) 702-5000 ext. [Phone]

Filing Fees

Fee Required? Yes
 Fee Amount: \$350.00
 Retaliatory? No
 Fee Explanation: \$50 X 7 = \$350
 Per Company: No

Company	Amount	Date Processed	Transaction #
UnitedHealthcare Insurance Company	\$350.00	07/23/2012	61119149

SERFF Tracking #:

UHLC-128585926

State Tracking #:

Company Tracking #:

FM12-547

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/FM12-547

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Stephanie Fowler	07/27/2012	07/27/2012

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/FM12-547

Disposition

Disposition Date: 07/27/2012

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	LETTER	Filed-Closed	Yes
Form	PRINT AD	Filed-Closed	Yes
Form	PRINT AD	Filed-Closed	Yes
Form	PRINT AD	Filed-Closed	Yes
Form	SELF MAILER	Filed-Closed	Yes
Form	BUSINESS REPLY CARD	Filed-Closed	Yes
Form	SELF MAILER	Filed-Closed	Yes

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/FM12-547

Form Schedule

Lead Form Number: LA25550ST (06-12)							
Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1	Filed-Closed 07/27/2012	LA25550ST (06-12)	ADV	LETTER	Initial:	45.000	LA25550ST (06-12).pdf
2	Filed-Closed 07/27/2012	AS2631ST (06-12)	ADV	PRINT AD	Initial:	45.000	AS2631ST (06-12).pdf
3	Filed-Closed 07/27/2012	AS2633ST (06-12)	ADV	PRINT AD	Initial:	45.000	AS2633ST (06-12)_A1.pdf
4	Filed-Closed 07/27/2012	AS2634ST (06-12)	ADV	PRINT AD	Initial:	45.000	AS2634ST (06-12)_A.pdf
5	Filed-Closed 07/27/2012	CA25113ST (06-12)	ADV	SELF MAILER	Initial:	45.000	CA25113ST (06-12)_NM_noBRC.pdf
6	Filed-Closed 07/27/2012	CA25113STBR C (06-12)	ADV	BUSINESS REPLY CARD	Initial:	45.000	CA25113STBRC (06-12)_NM.pdf
7	Filed-Closed 07/27/2012	CA25149ST (06-12)	ADV	SELF MAILER	Initial:	45.000	CA25149ST (06-12).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

SERFF Tracking #:

UHLC-128585926

State Tracking #:

Company Tracking #:

FM12-547

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/FM12-547

POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages
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More than 3 million members nationwide have an AARP Medicare Supplement Insurance Plan.¹

Here are several reasons why you might want to join them.

Dear Friend,

There are plenty of reasons why considering an AARP[®] Medicare Supplement Insurance Plan, insured by UnitedHealthcare Insurance Company (UnitedHealthcare), could be right for you. Perhaps the most important of these is the fact that these plans, like all Medicare supplement plans, help you pay costs that Medicare alone does not pay.

The coverage these plans provide could be a big help to you. In fact, all Medicare supplement plans could help you:

- Save up to thousands² of dollars per year in out-of-pocket medical expenses
- Have the flexibility to visit any doctor or hospital that accepts Medicare patients
- Enjoy the freedom to see specialists without referrals

In addition, you might want to consider an AARP Medicare Supplement Plan for some of the same reasons more than 3 million¹ AARP members nationwide did. These plans are competitively priced, and they carry the nationally recognized AARP and UnitedHealthcare names.

Whatever your reasons for thinking about Medicare supplement insurance, I can help you decide if one of these plans meets your needs.

Join a group that's growing by the day. Call today for more information.

Sincerely,

[Agent Name]

Licensed insurance agent contracted
with UnitedHealthcare

 [1-XXX-XXX-XXXX]

[agent@email.com]
[Optional - Agent Address]

A UnitedHealthcare[®] Medicare Solution

¹ 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.

² Medicare Payment Advisory Commission (MedPAC). A Data Book: Healthcare Spending and the Medicare Program, June 2011. <http://www.medpac.gov/documents/Jun11DataBookEntireReport.pdf> (10 August, 2011) p. 55-57.

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.

LA25550ST (06-12)



Join more than 3 million members nationwide who chose an AARP Medicare Supplement Insurance Plan.¹

Why do so many people have AARP® Medicare Supplement Insurance, insured by UnitedHealthcare Insurance Company (UnitedHealthcare)? It could be the competitively priced plans. Or maybe the fact that AARP and UnitedHealthcare names are recognized nationally. Here are a few more reasons why a Medicare supplement plan could meet your needs:

- Save up to thousands² of dollars per year in out-of-pocket medical expenses
- Have the flexibility to visit any doctor or hospital that accepts Medicare patients
- Enjoy the freedom to see specialists without referrals

[Agent Name]

Licensed insurance agent
contracted with UnitedHealthcare

 [1-XXX-XXX-XXXX]

[agent@email.com]

[Optional - Agent Address]

Call today for more information [or join me at a seminar to explore your options].

[Date], [Time]

[Location]

[Address]

[City], [ST] [ZIP]

[Date], [Time]

[Location]

[Address]

[City], [ST] [ZIP]

[Date], [Time]

[Location]

[Address]

[City], [ST] [ZIP]

[Part D prescription drug [and Medicare Advantage] plans may be discussed.]

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

Join more than 3 million members nationwide who have an AARP Medicare Supplement Insurance Plan.¹

Why do so many people have AARP® Medicare Supplement Insurance, insured by UnitedHealthcare Insurance Company (UnitedHealthcare)? It could be the competitively priced plans. Or maybe the fact that AARP and UnitedHealthcare names are recognized nationally. Here are a few more reasons why a Medicare supplement plan could meet your needs:

- Save up to thousands² of dollars per year in out-of-pocket medical expenses
- Have the flexibility to visit any doctor or hospital that accepts Medicare patients
- Enjoy the freedom to see specialists without referrals

[Agent Name]

Licensed insurance agent
contracted with UnitedHealthcare

 [1-XXX-XXX-XXXX]

[agent@email.com]

[Optional - Agent Address]

Call today for more information [or join me at a seminar to explore your options].

[Date], [Time]

[Location]

[Address]

[City], [ST] [ZIP]

[Date], [Time]

[Location]

[Address]

[City], [ST] [ZIP]

[Date], [Time]

[Location]

[Address]

[City], [ST] [ZIP]

[Part D prescription drug [and Medicare Advantage] plans may be discussed.]

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



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

**More than 3 million members nationwide have an
AARP Medicare Supplement Insurance Plan.¹**

Join them today.

Why do so many people have AARP® Medicare Supplement Insurance, insured by UnitedHealthcare Insurance Company (UnitedHealthcare)? It could be the competitively priced plans. Or maybe the fact that AARP and UnitedHealthcare names are recognized nationally. Here are a few more reasons why a Medicare supplement plan could meet your needs:

- Save up to thousands² of dollars per year in out-of-pocket medical expenses
- Have the flexibility to visit any doctor or hospital that accepts Medicare patients
- Enjoy the freedom to see specialists without referrals

Call today for more information.

[Agent Name] ☎ **[1-XXX-XXX-XXXX]**

Licensed insurance agent contracted with UnitedHealthcare

[agent@email.com] • **[Optional - Agent Address]**

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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.

Why have more than 3 million members nationwide chosen an AARP Medicare Supplement Insurance Plan?¹



AARP Medicare Supplement Plans | insured by UnitedHealthcare Insurance Company

CA25113ST (06-12)

NM

Get the coverage you need at a competitive price.

AARP Medicare Supplement Plans | insured by UnitedHealthcare Insurance Company

<Recipient Name>
<Recipient Address>
<Recipient City>, <State> <Zip>

<Agent Address>
<City>, <ST> <ZIP>

To find out if an AARP Medicare Supplement Plan could meet your needs, fill out the attached card and mail.



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

The better question might be, would you like to join them?

Find out what our members know about AARP Medicare Supplement Insurance Plans.

Why do so many people have AARP® Medicare Supplement Insurance, insured by UnitedHealthcare Insurance Company (UnitedHealthcare)? It could be the competitively priced plans. Or maybe the fact that AARP and UnitedHealthcare names are recognized nationally. Here are a few more reasons why a Medicare supplement plan could meet your needs:

- Save up to thousands² of dollars per year in out-of-pocket medical expenses
- Have the flexibility to visit any doctor or hospital that accepts Medicare patients
- Enjoy the freedom to see specialists without referrals

Call today for more information.

[Agent Name] ☎ [1-XXX-XXX-XXXX]

Licensed insurance agent contracted with UnitedHealthcare

[agent@email.com] • [Optional - Agent Address]

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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.

To find out if an AARP Medicare Supplement Plan could meet your needs, fill out the attached card and mail.



I'd like more information about AARP[®] Medicare Supplement Insurance Plans.

Name _____

Address _____

City _____ State _____ ZIP _____

Date of Birth _____ Medicare (Part B) Effective Date _____

Phone _____ E-mail Address _____

This is a solicitation of insurance. An agent/producer may contact you.

By returning this card, you agree that an authorized representative or licensed insurance agent from UnitedHealthcare may contact you by phone, e-mail or mail to answer your questions or provide additional information about Medicare supplement insurance or Part D plans.

Insured by UnitedHealthcare Insurance Company (UnitedHealthcare Insurance Company of New York for New York residents). AARP does not employ or endorse agents, brokers or producers.

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

CA25113STBRC (06-12)



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO. <XXX> <CITY>, <ST>

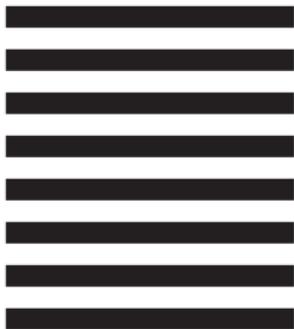
POSTAGE WILL BE PAID BY ADDRESSEE

<Agency/FMO Name>

<Agent Name>

<Agent Address>

<City>, <ST> <ZIP>





Join more than 3 million members nationwide who chose an AARP® Medicare Supplement Insurance Plan, insured by UnitedHealthcare Insurance Company (UnitedHealthcare).¹

Call today for more information.

[Agent/Producer Name] ☎ **[1-XXX-XXX-XXXX]**

Licensed insurance agent/producer contracted with UnitedHealthcare

[agent@email.com] • **[Optional - Agent/Producer Address]**

<Agent/Producer Address> • <City>, <ST> <ZIP>

Get the coverage you need at a competitive price.



A UnitedHealthcare® Medicare Solution

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

<Recipient Name>
<Recipient Address>
<Recipient City>, <State> <Zip>

SERFF Tracking #:

UHLC-128585926

State Tracking #:

Company Tracking #:

FM12-547

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/FM12-547

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	STATEMENT OF VARIABILITY	Filed-Closed	07/27/2012
Comments:			
Attachment(s):			
Strength ST SOV_NoCode.pdf			

STATEMENT OF VARIABILITY

Ad/Flyer: AS2631ST (06-12)

Variable	Description
[Agent Name] [1-XXX-XXX-XXXX] [agent@email.com] [Optional – Agent Address]	Each agent will include his/her own name, phone number, e-mail address and possibly street address.
[or join me at a seminar to explore your options]	Seminar may or may not be planned.
[Date], [Time] [Location] [Address] [City], [ST] [ZIP]	Meeting times and locations will vary.
[Part D prescription drug [and Medicare Advantage] plans may be discussed.]	Part D prescription drug and Medicare Advantage plans may or may not be discussed at the meetings.
[1-800-523-5800]	Phone number to call to receive full statistical report.

Ad/Flyer: AS2633ST (06-12)

Variable	Description
[Agent Name] [1-XXX-XXX-XXXX] [agent@email.com] [Optional – Agent Address]	Each agent will include his/her own name, phone number, e-mail address and possibly street address.
[or join me at a seminar to explore your options]	Seminar may or may not be planned.
[Date], [Time] [Location] [Address] [City], [ST] [ZIP]	Meeting times and locations will vary.
[Part D prescription drug [and Medicare Advantage] plans may be discussed.]	Part D prescription drug and Medicare Advantage plans may or may not be discussed at the meetings.
[1-800-523-5800]	Phone number to call to receive full statistical report.

Ad/Flyer: AS2634ST (06-12)

Variable	Description
[Agent Name] [1-XXX-XXX-XXXX] [agent@email.com] [Optional – Agent Address]	Each agent will include his/her own name, phone number, email address and possibly street address.

[1-800-523-5800]	Phone number to call to receive full statistical report.
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LETTER: LA25550ST (06-12)

Variable	Description
[1-800-523-5800]	Phone number to call to receive full statistical report.
[Agent Name] [1-XXX-XXX-XXXX] [agent@email.com] [Optional – Agent Address]	Each agent will include his/her own name, phone number, email address and possibly street address.

SELF-MAILER: CA25113ST (06-12)

Variable	Description
<i>Front of Self-Mailer:</i> <Agent Address> <City>, <ST> <ZIP>	Each agent will use his/her own address.
<Recipient Name> <Recipient Address> <Recipient City>, <State> <Zip>	The Name, Street Number, Street Name, City, State, and Zip Code of the individual to whom this is being mailed.
<i>Inside:</i> [Agent Name] [1-XXX-XXX-XXXX] [agent@email.com] [Optional - Agent Address]	Each agent will include his/her own name and contact information.
[1-800-523-5800]	Phone number to call to receive full statistical report.

BRC: CA25113STBRC (06-12)

Variable	Description
<i>Front of BRC:</i> FIRST-CLASS MAIL PERMIT NO. <XXX> <CITY>, <ST>	Each agent will include his/her own permit information.
<Agency/FMO Name> <Agent Name> <Agent Address> <City>, <ST> <ZIP>	Each agent will include his/her own name and address information.

SELF-MAILER: CA25149ST (06-12)

Variable	Description
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<p><i>Front:</i> [Agent/Producer Name] [1-XXX-XXX-XXXX] [agent@email.com] [Optional - Agent Address]</p>	<p>Each agent will include his/her own name and contact information.</p>
<p><i>Back:</i> <Agency/Producer Address> <City>, <ST> <ZIP></p>	<p>Each agent will include his/her own name and address information.</p>
<p><Recipient Name> <Recipient Address> <Recipient City>, <State> <Zip></p>	<p>The Name, Street Number, Street Name, City, State, and Zip Code of the individual to whom this is being mailed.</p>
<p>[1-800-523-5800]</p>	<p>Phone number to call to receive full statistical report.</p>