

**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/FM12-592

## 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: 08/07/2012  
SERFF Tr Num: UHLC-128620458  
SERFF Status: Closed-Filed-Closed  
State Tr Num:  
State Status: Filed-Closed  
Co Tr Num: FM12-592  
Implementation: On Approval  
Date Requested:  
Author(s): Michelle Ambach, Wanda Augustus, Tammy Frederick, Bobbie Walton, Lisa Muhammad  
Reviewer(s): Stephanie Fowler (primary)  
Disposition Date: 08/10/2012  
Disposition Status: Filed-Closed  
Implementation Date:  
State Filing Description:

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### General Information

Project Name: ADVERTISING Status of Filing in Domicile: Not Filed  
 Project Number: FM12-592 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: 08/10/2012  
 State Status Changed: 08/10/2012 Deemer Date:  
 Created By: Michelle Ambach Submitted By: Lisa Muhammad  
 Corresponding Filing Tracking Number: FM12-592

**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 CA25104ST and CA25104STBRC which were previously approved by the Department on 6/6/2011 under SERFF Tracking Number: UHLC-127189945.

Final production of the enclosed advertising 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: \$100.00  
 Retaliatory? No  
 Fee Explanation: \$50 X 2 = \$100.00  
 Per Company: No

Company	Amount	Date Processed	Transaction #
UnitedHealthcare Insurance Company	\$100.00	08/07/2012	61483216

SERFF Tracking #:

UHLC-128620458

State Tracking #:

Company Tracking #:

FM12-592

State:

Arkansas

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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	08/10/2012	08/10/2012

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## Disposition

Disposition Date: 08/10/2012

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	SELF MAILER	Filed-Closed	Yes
Form	BUSINESS REPLY CARD	Filed-Closed	Yes

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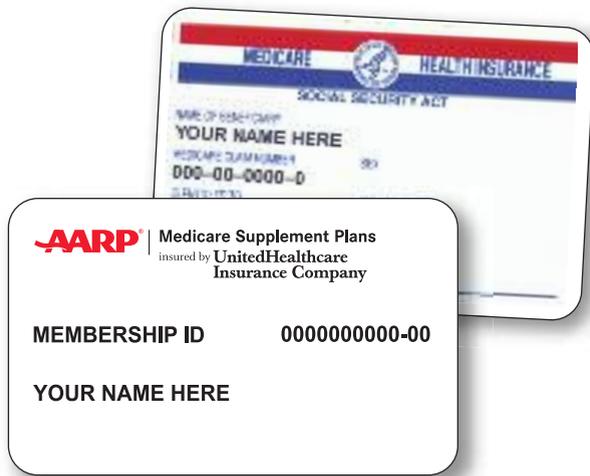
## Form Schedule

### Lead Form Number: CA25104ST (05-12)

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1	Filed-Closed 08/10/2012	CA25104ST (05-12)	ADV	SELF MAILER	Initial:	45.000	CA25104ST (05-12)_noBRC.pdf
2	Filed-Closed 08/10/2012	CA25104STBR C (05-12)	ADV	BUSINESS REPLY CARD	Initial:	45.000	CA25104STBRC (05-12).pdf

### Form Type Legend:

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



## Here are five questions to ask about supplementing Medicare:

- Are the monthly rates as competitive as they can be?
- Does the insurer have a history of high rate increases?
- Is the insurance company ranked as rated A or higher by A.M. Best?\*
- Will the plan travel with me anywhere in the US?
- Does the Medicare supplement insurance carry the AARP name?

Consider an AARP® Medicare Supplement Insurance Plan to help complete your coverage. UnitedHealthcare offers a variety of plans you may choose from to fit your situation.

\* AM Best affirmed UnitedHealth Group's financial strength rating of A and maintained a stable outlook on [January 26, 2012]. [www.ambest.com](http://www.ambest.com)

[To learn more about  
AARP® Medicare  
Supplement Plans call]  
**[Agent Name]**  
[Licensed Insurance Agent  
Contracted with  
UnitedHealthcare]  
**[1-XXX-XXX-XXXX]**

When it comes to supplementing Medicare, you can never ask too many questions.



**Inside:** Five important questions you need to ask about supplementing Medicare.

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

# Medicare supplement plans offer benefits you may use. Choose the only one that carries the AARP name.

**VALUE.** As with any Medicare supplement plan, get help paying for about 20% or more of out-of-pocket costs not paid by Medicare Part B. And, AARP insured members enjoy long-term rate stability.\*

**FREEDOM.** Medicare supplement insurance lets you keep your own doctors and get the care you need, wherever you are in the U.S., from any doctor that accepts Medicare patients. Plus no network restrictions or referrals to see specialists.

**SERVICE.** Licensed insurance agents may help answer the questions you may have.

**FAMILIAR NAME.** The only plans of their type that carry the AARP name. And UnitedHealthcare Insurance Company provides a variety of plans to meet your needs and budget. So it's no surprise that [3] million AARP members nationwide have enrolled in an AARP Medicare Supplement Insurance Plan, insured by UnitedHealthcare Insurance Company.\*\*

	Plan A	Plan B	Plan C	Plan F	Plan K	Plan L	Plan N
<b>Benefits</b>							
<b>Part A (Hospitalization)</b> co-insurance plus 365 additional hospital days after Medicare benefits end	✓	✓	✓	✓	✓	✓	✓
<b>Part B (Medical)</b> co-insurance or co-payments	✓	✓	✓	✓	50% <sup>1</sup>	75% <sup>1</sup>	Co-pay <sup>2</sup>
<b>Blood</b> first 3 pints each year (Medicare pays costs after 3 pints)	✓	✓	✓	✓	50%	75%	✓
<b>Hospice Care</b> co-insurance	✓	✓	✓	✓	50%	75%	✓
<b>Skilled Nursing Facility Care</b> co-insurance			✓	✓	50%	75%	✓
<b>Part A Deductible</b>		✓	✓	✓	50%	75%	✓
<b>Part B Annual Deductible</b>			✓	✓			
<b>Part B Excess Charges</b> <sup>3</sup>				✓			
<b>Foreign Travel</b> emergency care <sup>4</sup>			✓	✓			✓
<b>Annual Out-of-Pocket</b> spending limit					[\$4,640]	[\$2,320]	

<sup>1</sup> **EXCEPTION:** Plans K and L will pay 100% of Part B co-insurance for preventive services covered by Medicare.

<sup>2</sup> **NOTE:** Up to \$20 co-pay for office visits and up to \$50 co-pay for ER.

<sup>3</sup> Under Pennsylvania law, a physician may not charge or collect fees from Medicare patients which exceed the Medicare approved Part B charge. Plan F pays benefits for excess charges when services are rendered in a jurisdiction not having a balance billing law.

<sup>4</sup> Benefit is 80% and beneficiaries are responsible for 20% after the \$250 annual deductible with a \$50,000 lifetime maximum. Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA.

\*AARP Medicare Supplement Plan annual rate increases have been [4%] on average between [2008] and [2012], while varying by specific plan, state and year. [www.UHCMedSupStats.com](http://www.UHCMedSupStats.com)

\*\*[www.UHCMedSupStats.com](http://www.UHCMedSupStats.com)

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.**

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

**[You deserve some answers. Call today.]**



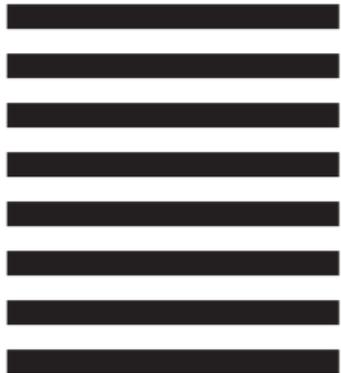
**[Agent Name]**  
[Licensed Insurance Agent Contracted with UnitedHealthcare]  
**[1-XXX-XXX-XXXX]**



[Return the attached card]



[ NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES ]



**[ BUSINESS REPLY MAIL ]**

[ FIRST-CLASS MAIL PERMIT NO. ] [ XXXX ]

[ CITY ], [ ST ]

[ POSTAGE WILL BE PAID BY ADDRESSEE ]

[ Agency Name ]

[ Agent Name ]

[ Agent Address ]

[ Agent Address ]

[ City ], [ State ] [ Zip ]

[Return this card for more information or call [X-XXX-XXX-XXXX]

1) Member Name (*Mr., Mrs., Ms.*) Please Print \_\_\_\_\_

Date of Birth \_\_\_\_\_ Medicare (Part B) Effective Date \_\_\_\_\_  
MM/DD/YYYY MM/DD/YYYY

2) Spouse Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Medicare (Part B) Effective Date \_\_\_\_\_  
MM/DD/YYYY MM/DD/YYYY

3) Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

4) Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Best time to call: \_\_\_\_\_ AM \_\_\_\_\_ PM

5) E-mail Address \_\_\_\_\_

If you provide your phone number or e-mail address, a licensed insurance agent may contact you.

Insured by **UnitedHealthcare Insurance Company** (UnitedHealthcare Insurance Company of New York for NY residents). **AARP doesn't employ or endorse agents or brokers.**

**Not connected with or endorsed by the U.S. Government or the federal Medicare program.**

**Exclusions, limitations and reductions may apply.**

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## Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	STATEMENT OF VARIABILITY	Filed-Closed	08/10/2012
Comments:			
Attachment(s):			
Agent 2012 5 Questions Brochure Standard SOV.pdf			

Variable	Description
[To learn more about AARP® Medicare Supplement Plans call]	If used at a general meeting as a handout this call to action would be removed completely.
[January 26, 2012]	Date may change.
[Agent Name] [Licensed Insurance Agent Contracted with UnitedHealthcare]	If used at a general meeting with no Agent present the Agent contact information would be removed completely.
[1-XXX-XXX-XXXX]	Agent's phone number will be added.
[NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES]  [BUSINESS REPLY MAIL] [FIRST-CLASS MAIL PERMIT NO.] [XXXXXXXXXXXX] [CITY], [ST] [POSTAGE WILL BE PAID BY ADDRESSEE]  [Agency Name] [Agent Name] [Agent Address] [Agent Address] [City], [State] [Zip]	Agent contact information and postal permit information will be filled in. The Agent may also use the brochure without the BRC. If the BRC is not used all BRC information would be removed.
[3] million	Statistic may change.
[\$4,640] [\$2,320]	Plans K and L Medicare deductible amounts may change.
AARP Medicare Supplement Plan annual rate increases have been [4%] on average between [2008] and [2012],	The statistic percentage and years applicable to the percentage may change.
[You deserve some answers. Call today.]	If used at a general meeting this call to action would be removed completely.
[Agent Name] [Licensed Insurance Agent Contracted with UnitedHealthcare]	If used at a general meeting with no Agent present the Agent contact information would be removed completely.
[Return the attached card]	A BRC may or may not be attached. If there's no BRC this text will be removed.
[Return this card for more information or call [X-XXX-XXX-XXXX]  1) Member Name ( <i>Mr., Mrs., Ms.</i> ) Please Print _____ Date of Birth _____ MM/DD/YYYY Medicare (Part B) Effective Date _____ MM/DD/YYYY  2) Spouse Name _____ Date of Birth _____	A BRC may or may not be attached. If there's no BRC this text will be removed.

MM/DD/YYYY

Medicare (Part B) Effective Date \_\_\_\_\_  
MM/DD/YYYY

3) Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ ZIP \_\_\_\_\_

4) Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Best time to call: \_\_\_\_AM \_\_\_\_PM

5) E-mail Address \_\_\_\_\_

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**Exclusions, limitations and reductions may apply.**

If you provide your phone number or e-mail address, a licensed insurance agent may contact you.

CA25104STBRC (05-12)]