

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 PLANS
Project Name/Number: ADVERTISING/FM12-597

Filing at a Glance

Company: UnitedHealthcare Insurance Company
Product Name: GROUP MEDICARE SUPPLEMENT PLANS
State: Arkansas
TOI: MS08G Group Medicare Supplement - Standard Plans 2010
Sub-TOI: MS08G.001 Plan A 2010
Filing Type: Advertisement
Date Submitted: 08/13/2012
SERFF Tr Num: UHLC-128630165
SERFF Status: Closed-Filed-Closed
State Tr Num:
State Status: Filed-Closed
Co Tr Num: FM12-597
Implementation: On Approval
Date Requested:
Author(s): Michelle Ambach, Wanda Augustus, Tammy Frederick, Bobbie Walton, Lisa Muhammad
Reviewer(s): Stephanie Fowler (primary)
Disposition Date: 08/15/2012
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 PLANS
 Project Name/Number: ADVERTISING/FM12-597

General Information

Project Name: ADVERTISING Status of Filing in Domicile: Not Filed
 Project Number: FM12-597 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: 08/15/2012
 State Status Changed: 08/15/2012 Deemer Date:
 Created By: Bobbie Walton Submitted By: Lisa Muhammad
 Corresponding Filing Tracking Number: FM12-597

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 LA25574ST, AS2645ST, AS2646ST and CA25119ST which were previously approved by the Department on 3/10/2011 under SERFF Tracking number UHLC-127068352 and CA25152ST which was previously approved by the Department on 8/25/2011 under SERFF Tracking number UHLC-127356631.

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

Company	Amount	Date Processed	Transaction #
UnitedHealthcare Insurance Company	\$250.00	08/13/2012	61627766

SERFF Tracking #:

UHLC-128630165

State Tracking #:

Company Tracking #:

FM12-597

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 PLANS

Project Name/Number:

ADVERTISING/FM12-597

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Stephanie Fowler	08/15/2012	08/15/2012

SERFF Tracking #:

UHLC-128630165

State Tracking #:**Company Tracking #:**

FM12-597

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 PLANS

Project Name/Number:

ADVERTISING/FM12-597

Disposition

Disposition Date: 08/15/2012

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	SELF MAILER	Filed-Closed	Yes
Form	POSTCARD	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 PLANS

Project Name/Number: ADVERTISING/FM12-597

Form Schedule

Lead Form Number: LA25574ST (05-12)

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1	Filed-Closed 08/15/2012	LA25574ST (05-12)	ADV	LETTER	Initial:	45.000	LA25574ST (05-12)_M.pdf
2	Filed-Closed 08/15/2012	AS2645ST (05-12)	ADV	PRINT AD	Initial:	45.000	AS2645ST (05-12)_M.pdf
3	Filed-Closed 08/15/2012	AS2646ST (05-12)	ADV	PRINT AD	Initial:	45.000	AS2646ST (05-12)_M.pdf
4	Filed-Closed 08/15/2012	CA25119ST (05-12)	ADV	SELF MAILER	Initial:	45.000	CA25119ST (05-12)_M.pdf
5	Filed-Closed 08/15/2012	CA25152ST (05-12)	ADV	POSTCARD	Initial:	45.000	CA25152ST (05-12).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
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

Here's one way to help you be better prepared for unexpected medical costs.

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

Dear Friend,

You can't plan for unexpected medical costs. But you can take measures to help you be better prepared — like having a Medicare supplement insurance plan.

Millions of AARP members have chosen an AARP® Medicare Supplement Insurance Plan, insured by UnitedHealthcare Insurance Company (UnitedHealthcare).¹ These plans (and all Medicare supplement insurance plans) help pay for some of the out-of-pocket expenses not paid by Medicare. One of them could fit your needs.

AARP Medicare Supplement Insurance Plans feature:

- Competitive rates
- Coverage that travels with you anywhere you go in the U.S.
- A wide variety of plans to meet your needs

And like all Medicare supplement insurance plans, they give you the freedom to choose any doctor who accepts Medicare patients.

I can help you get the information you need to decide if an AARP Medicare Supplement Insurance Plan is a good fit for you.

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

[Date], [Time]

[Location]

[Address]

[City], [State] [ZIP]

[Date], [Time]

[Location]

[Address]

[City], [State] [ZIP]

[Part D prescription drug plans may be discussed.]

Sincerely,

[Agent Name]

[Licensed Insurance Agent
Contracted with UnitedHealthcare]

[1-XXX-XXX-XXXX]

[agent@email.com]

[optional Agent Address]

A UnitedHealthcare® Medicare Solution

¹ 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.

You can't plan for unexpected medical costs.

But having a supplemental health insurance plan may help you be better prepared.

Find out if the only Medicare supplement insurance plan with the AARP name meets your needs.

Consider an AARP® Medicare Supplement Insurance Plan, insured by UnitedHealthcare Insurance Company (UnitedHealthcare). AARP Medicare Supplement Insurance Plans feature:

- Competitive rates
- Coverage that travels with you anywhere you go in the U.S.
- A wide variety of plans to meet your needs

And, like all Medicare supplement plans, AARP Medicare Supplement Plans:

- Provide benefits to help cover some of the out-of-pocket costs not paid by Medicare
- Give you the freedom to choose any doctor who accepts Medicare patients

**Are you prepared? Call today for more information
[or join me at a seminar to explore your options].**

[Date], [Time] [Date], [Time]
[Location] [Location]
[Address] [Address]
[City], [State] [ZIP] [City], [State] [ZIP]

[Part D prescription drug plans may be discussed.]

[Agent Name]

[Licensed Insurance Agent
Contracted with UnitedHealthcare]

[1-XXX-XXX-XXXX]

[agent@email.com]

[Optional - Agent Address]



An AARP Medicare Supplement Insurance Plan could be the right choice for you.



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

A UnitedHealthcare® Medicare Solution

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.

AS2645ST (05-12)

M

You can't plan for the unexpected.

But Medicare supplement insurance could help you prepare.

- Competitive rates
- Coverage that travels with you anywhere in the U.S.
- Choose any doctor who accepts Medicare patients

Call today for more information [or to find out about seminars in your area].

[Agent Name]

[1-XXX-XXX-XXXX]

[Licensed Insurance Agent
Contracted with UnitedHealthcare
Insurance Company]

Find out if an AARP® Medicare Supplement Insurance Plan, insured by UnitedHealthcare Insurance Company, meets your needs.



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

A UnitedHealthcare® Medicare Solution

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.

AS2646ST (05-12)

M

[Agent Address]

[City], [ST] [ZIP]

Get helpful information to better understand your options.

[Recipient Name]

[Recipient Address]

[Recipient City], [State] [Zip]

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

CA25119ST (05-12)

M

**You can't plan for unexpected
medical costs.**

**But having a supplemental
health insurance plan may
help you be better prepared.**



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

Find out if the only Medicare supplement insurance plan with the AARP name meets your needs.

Consider an AARP® Medicare Supplement Insurance Plan, insured by UnitedHealthcare Insurance Company (UnitedHealthcare). Plans feature:

- Competitive rates
- Coverage that travels with you anywhere you go in the U.S.
- A wide variety of plans to meet your needs

And, like all Medicare supplement plans, AARP Medicare Supplement Insurance Plans also:

- Provide benefits to help cover some of the out-of-pocket costs not paid by Medicare
- Give you the freedom to choose any doctor who accepts Medicare patients

**Are you prepared? Call today for more information
[or join me at a seminar to explore your options].**

[Date], [Time] [Date], [Time]
[Location] [Location]
[Address] [Address]
[City], [State] [ZIP] [City], [State] [ZIP]

[Part D prescription drug plans may be discussed.]

[Agent Name]

[Licensed Insurance Agent
Contracted with UnitedHealthcare]

[1-XXX-XXX-XXXX]

[agent@email.com]

[optional - agent address]



An AARP Medicare Supplement Insurance Plan could be the right choice for you.

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

A UnitedHealthcare® Medicare Solution

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.

You can't plan for unexpected medical costs.

But having a supplemental health insurance plan may help you be better prepared.



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

Are you prepared? Call today for more information.

<Agent/Producer Name>

[Licensed insurance agent/producer contracted with UnitedHealthcare Insurance Company (UnitedHealthcare)]
CA25152ST (05-12)

<1-XXX-XXX-XXXX>

<agentname@e-mail.com>

<Optional Agent/Producer Address>

<Agent/Producer> • <City>, <ST> <ZIP>

An AARP® Medicare Supplement Insurance Plan, insured by UnitedHealthcare, may be the right choice for you.



A UnitedHealthcare® Medicare Solution

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.

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

SERFF Tracking #:

UHLC-128630165

State Tracking #:

Company Tracking #:

FM12-597

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 PLANS

Project Name/Number:

ADVERTISING/FM12-597

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	STATEMENT OF VARIABILITY	Filed-Closed	08/15/2012
Comments:			
Attachment(s):			
STD SOV.pdf			

Statement of Variability

Ad/Flyer: AS2645ST (05-12)_M

Variable	Description
[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 plans may be discussed.]	Part D prescription drug plans will not be discussed at all meetings.
[Agent Name] [1-XXX-XXX-XXXX] [agent@email.com] [Optional Agent Address]	Each agent/producer will include his/her own name and contact information.
[Licensed Insurance Agent Contracted with UnitedHealthcare]	This line would be removed if agent/producer name/contact information is not included.

Ad/Flyer: AS2646ST (05-12)_M

Variable	Description
[or to find out about seminars in your area]	Seminar may or may not be planned.
[Agent Name] [1-XXX-XXX-XXXX]	Each agent/producer will include his/her own name and phone number.
[Licensed Insurance Agent Contracted with UnitedHealthcare]	This line would be removed if agent/producer name/contact information is not included.

LETTER: LA25574ST (05-12)_M

Variable	Description
[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 plans may be discussed.]	Part D prescription drug plans will not be discussed at all meetings.
[Agent Name]	Each agent/producer will include his/her own name.
[Licensed Insurance Agent Contracted with UnitedHealthcare]	This line would be removed if agent/producer name/contact information is not included.
[1-XXX-XXX-XXXX] [agent@email.com] [Optional Agent Address]	Each agent/producer will include his/her contact information.

SELF-MAILER: CA25119ST (05-12)_M

Variable	Description
<i>Front of Self-Mailer:</i> [Agent Address] [City], [ST] [ZIP]	Each agent/producer 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> [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 plans may be discussed.]	Part D prescription drug plans will not be discussed at all meetings.
[Agent Name]	Each agent/producer will include his/her own name.
[Licensed Insurance Agent Contracted with UnitedHealthcare]	This line would be removed if agent/producer name is not included.
[1-XXX-XXX-XXXX] [agent@email.com] [Optional Agent Address]	Each agent/producer will include his/her contact information.

POSTCARD: CA25152ST (05-12)

<i>Front of Postcard:</i> <Agent/Producer Name>	Each agent/producer will include his/her own name.
[Licensed insurance agent contracted with UnitedHealthcare Insurance Company (UnitedHealthcare)]	This line would be removed if agent/producer name/contact information is not included.
<1-XXX-XXX-XXXX> <agentname@e-mail.com> <Optional Agent Address>	Each agent/producer will include his/her own name and contact information.
<i>Back of Postcard:</i> <Agent/Producers> <City>, <ST> <ZIP>	Each agent/producer will include his/her own contact information.
<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.