

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/FM12-691

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: 09/27/2012
SERFF Tr Num: UHLC-128705847
SERFF Status: Closed-Filed-Closed
State Tr Num:
State Status: Filed-Closed
Co Tr Num: FM12-691
Implementation: On Approval
Date Requested:
Author(s): Michelle Ambach, Wanda Augustus, Tammy Frederick, Bobbie Walton, Lisa Muhammad
Reviewer(s): Stephanie Fowler (primary)
Disposition Date: 09/27/2012
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/FM12-691

General Information

| | |
|--|---|
| Project Name: ADVERTISING | Status of Filing in Domicile: Not Filed |
| Project Number: FM12-691 | 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: 09/27/2012 | |
| State Status Changed: 09/27/2012 | Deemer Date: |
| Created By: Bobbie Walton | Submitted By: Bobbie Walton |
| Corresponding Filing Tracking Number: FM12-691 | |

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 X 1 = \$50 |
| Per Company: | No |

| Company | Amount | Date Processed | Transaction # |
|------------------------------------|---------|----------------|---------------|
| UnitedHealthcare Insurance Company | \$50.00 | 09/27/2012 | 63152861 |

SERFF Tracking #:

UHLC-128705847

State Tracking #:

Company Tracking #:

FM12-691

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/FM12-691

Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|--------------|------------------|------------|----------------|
| Filed-Closed | Stephanie Fowler | 09/27/2012 | 09/27/2012 |

SERFF Tracking #:

UHLC-128705847

State Tracking #:

Company Tracking #:

FM12-691

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/FM12-691

Disposition

Disposition Date: 09/27/2012

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

| Schedule | Schedule Item | Schedule Item Status | Public Access |
|---------------------|--------------------|----------------------|---------------|
| Supporting Document | SOV | Filed-Closed | Yes |
| Form | AGENT PRESENTATION | 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/FM12-691

Form Schedule

Lead Form Number: GU25032AR

| Item No. | Schedule Item Status | Form Number | Form Type | Form Name | Action/ Action Specific Data | Readability Score | Attachments |
|----------|----------------------------|-------------|-----------|--------------------|------------------------------|-------------------|---------------|
| 1 | Filed-Closed 09/27/2012 | GU25032AR | ADV | AGENT PRESENTATION | Initial: | 45.000 | GU25032AR.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 |



Welcome!

My Name is

[First and Last Name]

I am a licensed insurance agent
contracted with UnitedHealthcare
Insurance Company (UnitedHealthcare)
and not an employee or agent of AARP.



Call me at [XXX-XXX-XXXX]

Arkansas 2013

Goals for Today

Today I'm going to talk about:

1. AARP and UnitedHealthcare Insurance Company and how their relationship works
2. The different parts of Medicare
3. Medicare supplement insurance and how it works with Medicare
4. Features of AARP® Medicare Supplement Insurance Plans, insured by UnitedHealthcare Insurance Company, and answers to your questions
5. Which AARP Medicare Supplement Plan might be right for you and help you to apply if you're ready

A Commitment to Improving Quality of Life Through Innovative Programs

| AARP | UnitedHealthcare |
|--|--|
| <ul style="list-style-type: none">• A nonprofit organization focused on making positive social change and delivering value to members• Offers useful tools and information to help people 50 and over make informed decisions• Provides members with access to products and services | <ul style="list-style-type: none">• A health and well-being company dedicated to improving health care for all Americans• Provides a wide range of Medicare services and supplemental programs on a national basis• Strong, stable company (rated “A” by A.M. Best)* |

*A.M. Best affirmed UHG’s financial strength rating of A and maintained a stable outlook on January 26, 2012. www.ambest.com
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 does not employ or endorse agents, producers or brokers.

Medicare Choices

Step 1

Enroll in Original Medicare when you become eligible.

ORIGINAL MEDICARE



+



Covers hospital stays

Covers doctor and outpatient visits

Government-provided

Step 2

If you need more coverage, you have choices.

Option 1

or

Option 2

Keep Original Medicare and add:

MEDICARE SUPPLEMENT INSURANCE



Covers some or all of the costs not covered by Parts A & B

Offered by private companies

and/or

MEDICARE PART D



Covers prescription drugs

Offered by private companies

MEDICARE ADVANTAGE (PART C)



Combines Parts A & B



Additional benefits



Most plans cover prescription drugs

Offered by private companies

What Medicare Parts A and B Cover



Part A:

Hospital and skilled nursing insurance helps cover:

- Inpatient hospital care
- Inpatient mental health care
- Skilled nursing facility care
- Home health care
- Hospice care
- Some blood for transfusions during inpatient care



Part B:

Doctor's office visit and outpatient service insurance helps cover:

- Physician services
- Outpatient hospital services (minor surgeries)
- Ambulance
- Outpatient mental health
- Laboratory services
- Durable medical equipment (wheelchairs, oxygen, etc.)*
- Outpatient physical, occupational and speech-language therapy
- Some preventive care (flu and pneumonia shots)

*Services and supplies must be medically necessary.

Medicare Part A – What It Pays; What You Pay



Hospital and Skilled Nursing Insurance

| Service | Medicare Pays | Your Cost Share |
|-------------------------------|--|--|
| Hospitalization | Days 1–60 — All but [\$1,156] | [\$1,156] |
| | Days 61–90 All but [\$289] per day | [\$289] per day |
| | Days 91–150 (Lifetime Reserve Days) All but [\$578] per day | [\$578] per day |
| | Nothing beyond 150 days (After using Lifetime Reserve Days) | All costs for the remainder of the hospital stay |
| | First 3 pints of blood – \$0 | 100% |
| Skilled Nursing Facility Care | Days 1–20 100% of approved amount | Nothing |
| | Days 21–100 All but [\$144.50] per day | [\$144.50] per day |
| | Days 100+ — No benefit | All costs for the remainder of your stay |

A Medicare supplement plan can help cover some or all of these costs.

Information in this chart reflects cost and cost-sharing information from [2012].

Medicare Part B – What It Pays; What You Pay



Doctor's Office Visit and Outpatient Service Insurance

| Service | Medicare Pays | Your Cost Share |
|------------------------------|-----------------------------------|---|
| Medical Expenses | 80% of the approved amount | 20% of the approved amount |
| Outpatient Hospital Expenses | | [\$140] deductible per calendar year |

- These costs are in addition to the monthly Medicare Part B premium, which you will need to pay.

A Medicare supplement plan can help cover some or all of these costs.

Information in this chart reflects cost and cost-sharing information from [2012].

What Medicare Parts A and B Don't Cover

- Medicare Part A deductibles and co-insurance amounts
- Medicare Part B deductible and co-insurance amounts
- Medicare Part B excess charges (amount billed over what Medicare agrees to pay)

A Medicare supplement plan can help cover all or some of the remaining costs.

Medicare Supplement Plans – Pick Up Where Parts A and B Leave Off



- Private health insurance designed to supplement Medicare Parts A and B
- Plans are for people on Medicare Parts A and B who want help paying some of the health care costs not covered, like co-insurance, co-payments and deductibles
- Plans are named with letters of the alphabet (A, B, C, D, F, G, K, L, M and N) and benefit levels vary by plan
- Typically, the more comprehensive the coverage, the higher the monthly premium for the Medicare supplement plan

Plans are regulated according to federal and state laws.

Medicare Supplement Eligibility

You're eligible if you are:



- Enrolled in Medicare Parts A and B at the time your coverage will begin
- A resident of the state in which you are applying for coverage
- Age 65 or older (or under age 65 with certain disabilities in some states)

If you are eligible for Medicare due to End-Stage Renal Disease (ESRD), please review the *Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare* for eligibility information.

Why Choose a Medicare Supplement Plan?

Budgeting

- Helps you manage the out-of-pocket costs that Medicare Parts A and B don't cover
- Can help limit your annual out-of-pocket costs

Convenience

- Plans offer the freedom to go to any hospital or physician that accepts Medicare patients
- Virtually no claim forms for you to file
- A 30-day "free look" period for you to decide if you want to keep the plan

Flexibility

- Coverage goes with you when you move or travel anywhere in the U.S.*
- You have foreign travel coverage for emergency services (with some plans)
- Coverage is guaranteed to continue as long as you pay your premium when due

*Moving may require a plan change if you have a Medicare Select plan.

Why Choose an AARP Medicare Supplement Insurance Plan?

Value

- A national average annual rate increase of only 4% over the last five years*
- You benefit from exclusive member services – at no additional cost to you

Service

- 92% of plan holders cite satisfaction with the benefits and coverage provided by their plan*
- 9 out of 10 plan holders surveyed would recommend their plan to a friend or family member*
- Once you are enrolled, knowledgeable Customer Service Representatives are available to assist you
- Enjoy the flexibility to change to another AARP Medicare Supplement Plan at any time, if you qualify

Experience

- Trusted by more than 3 million members*
- Backed by the experience and expertise of UnitedHealthcare

Stability

- The only Medicare supplement plans available in all states
- The only Medicare supplement plans that carry the AARP name

**Value,
Service,
Experience
and
Stability**

*www.UHCMedSupStats.com or call to request a copy of the full report at 1-800-272-2146.

AARP Medicare Supplement Plans

| Medicare Supplement Plans | A | B | C * | F * | K | L | N |
|--|---|---|-----|-----|-----------|-----------|---------------------|
| Medicare Part A Co-insurance and Hospital Benefits | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Medicare Part A Deductible | - | ✓ | ✓ | ✓ | 50% | 75% | ✓ |
| Medicare Part B Co-insurance or Co-payment | ✓ | ✓ | ✓ | ✓ | 50% | 75% | Co-pay ¹ |
| Medicare Part B Deductible | - | - | ✓ | ✓ | - | - | - |
| Medicare Part B Excess Charges | - | - | - | ✓ | - | - | - |
| Blood (First Three Pints) | ✓ | ✓ | ✓ | ✓ | 50% | 75% | ✓ |
| Foreign Travel Emergency (up to plan limit) ² | - | - | ✓ | ✓ | - | - | ✓ |
| Hospice Care Co-insurance or Co-payment | ✓ | ✓ | ✓ | ✓ | 50% | 75% | ✓ |
| Preventive Care Part B Co-insurance | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Skilled Nursing Facility Co-insurance | - | - | ✓ | ✓ | 50% | 75% | ✓ |
| [2012] out-of-pocket limit (plans K and L only) ³ | | | | | [\$4,660] | [\$2,330] | |

¹Plan pays Part B co-insurance or co-payment except for an insured co-pay of up to \$20 for each doctor's office visit and up to \$50 for each emergency room visit (emergency room co-pay waived if admitted as inpatient).

²Beneficiaries must pay a separate deductible for a foreign travel emergency (\$250 per year).

³The plan pays 100 percent of covered services for the rest of the calendar year once beneficiaries have paid the out-of-pocket annual limit and annual Part B deductible [(\$140 in 2012)].

*Available as Medicare Select plans in some states, which can mean a lower monthly premium in exchange for using a hospital network.

Chart reflects [2012] data.

How to Narrow the Choices

Start by asking yourself some basic questions:



1. Do I prefer to pay more for a plan that covers my co-pays and co-insurance?

If you said yes, then plans B, C and F on the previous page may be right for you.

2. Do I prefer to have a lower monthly premium and share some of the costs at the time I'm using my benefits (such as co-pays and co-insurance)?

If you said yes, then plans A, K, L and N on the previous page may be right for you.

3. Do I prefer to have a lower monthly premium in exchange for using network hospitals?

If you said yes, then Select Plans C and F on the previous page may be right for you.

A Medicare Supplement Plan in Action



Susan was hospitalized for several days after a fall left her with a broken hip. She was then released to skilled nursing care for 22 days and had a follow-up doctor's appointment as well. Below is what Susan's out-of-pocket expenses could look like with only Medicare Parts A and B, as well as what her expenses could look like with Medicare supplement plans N and F:

| Description of Service | Medicare Parts A and B Only | Medicare Supplement Plan N | Medicare Supplement Plan F |
|--|-----------------------------|----------------------------|----------------------------|
| Part A deductible for hospital stay | [\$1,156] | [\$0] | [\$0] |
| Part A co-insurance for two days in a skilled nursing facility Days 1-20 are covered by Medicare. Days 21 and 22 would not be covered by Medicare. (2 days @ [\$144.50]/day) | [\$289] | [\$0] | [\$0] |
| Part B deductible (assumes Susan has not satisfied her Part B deductible for the year) | [\$140] | [\$140] | [\$0] |
| Part B co-insurance for one doctor visit (20% of the Medicare-approved amount) | [\$32] | [\$20] | [\$0] |
| Part B extra charges for same doctor visit (costs amount to 15% above the Medicare-approved amount) | [\$24] | [\$24] | [\$0] |
| Total Susan would pay for this medical event | [\$1,641] | [\$184] | [\$0] |

Information in this chart reflects cost and cost-sharing information from [2012].

The Medicare-approved amount for the one doctor visit is [\$160].

AARP Medicare Supplement Plans

Arkansas Highlights



- AARP Medicare Supplement Insurance Plans A, B, C, F, K, L and N are available in Arkansas if you are age 65 or older
- AARP Medicare Select Plans C and F are also available in certain areas of the state
- Competitive group rates
- Discounts available:
 - Save 5% off the total monthly premium if more than one member in a household enrolls*
 - Save \$2.00 off your monthly household premium by paying electronically (direct deposit)
- Exclusive AARP Medicare Supplement member services provide you with value-added programs and discounts at no extra cost

*Percentage is off of the monthly premium if two members are on the same AARP membership household account and each is insured under an AARP-branded supplemental insurance policy with UnitedHealthcare.

AARP Medicare Supplement Plans – Value-Added Services*



24-hour Nurse HealthLine

- Speak directly with registered nurses, toll-free, 24 hours a day, 7 days a week
- Get treatment decision support and prescription and medication information, and have your symptoms reviewed



Vision discounts

- Save on eye exams, eyeglasses and contact lenses



SilverSneakers® Fitness Program

- Live healthier with free access to fitness centers and classes. Get a free gym membership at participating locations with amenities like exercise equipment and fitness classes included

***These are additional services, apart from the AARP Medicare Supplement Insurance Plan benefits, are not insurance programs, are subject to geographic availability and may be discontinued at any time.**

The Benefits of AARP Membership



You must be an AARP member to enroll in an AARP Medicare Supplement Plan.

- AARP membership provides:
 - Access to exclusive discounts, such as pharmacy, travel, fitness and vision discounts
 - A subscription to the award-winning *AARP The Magazine* and *AARP Bulletin*
 - Important information on health, Medicare, Social Security and much more
- AARP membership is available to individuals age 50 and older and can include up to two members in one household.



How Much Will the Monthly Premium Cost?



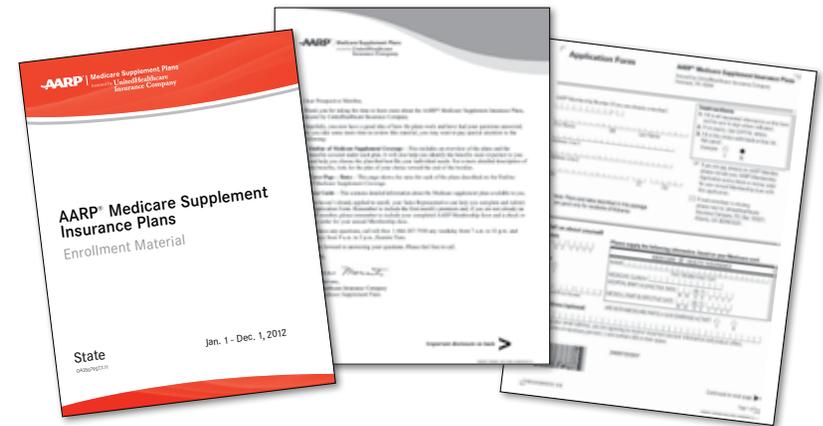
- As an AARP member age 65 or older, you will pay one of two rates: Standard or Level 2
- The following will determine the rate you will pay:
 - The plan you select
 - Your answers to medical questions, if applicable
 - How much time has passed since your Medicare Part B effective date
 - Your use (or non-use) of tobacco products (excludes those eligible for Open Enrollment or Guaranteed Issue)

What Questions Do You Have for Me?

Now What?

Enrollment Materials

- Set Up an Appointment
 - I can answer any questions you have.
- Ready to Enroll
 - You may know exactly what plan you would like to purchase. I can help you apply today.



Thanks for Your Time Today.

If you've found this information useful and you know of someone who might benefit from speaking with me, please give them my number:

[First and Last Name]

Licensed insurance agent contracted with UnitedHealthcare

 **[XXX-XXX-XXXX]**

I'd be happy to help them.

AARP does not employ or endorse agents, producers or brokers.

Additional Information

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.

Insured by UnitedHealthcare Insurance Company, Horsham, PA 19044 (UnitedHealthcare Insurance Company of New York, Islandia, NY, 11749, for New York residents). Policy Form No. GRP 79171 GPS-1 (G-36000-4). In some states, plans may be available to persons eligible for Medicare by reason of disability or End-Stage Renal Disease. All plans may not be available in your state/area.

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.

AARP does not employ or endorse agents, producers or brokers. AARP and its affiliates are not insurers.

Your agent can provide complete information, including benefits, costs, eligibility requirements, exclusions and limitations.

EyeMed Vision Care (EyeMed) is the network administrator of AARP Vision Discounts. **These are not insurance programs and may be discontinued at any time.** These discounts cannot be combined with any other discounts, promotions, coupons, or vision care plans. All decisions about medications and vision care are between you and your health care provider. Products or services that are reimbursable by federal programs including Medicare and Medicaid are not available on a discounted or complimentary basis. EyeMed pays a royalty fee to AARP for use of the AARP intellectual property. Amounts paid are used for the general purposes of AARP and its members. Eye exams available by Independent Doctors of Optometry at or next to LensCrafters, Pearle Vision, Sears Optical and Target Optical in most states. Doctors in some states are employed by the location. In California, optometrists are not employed by LensCrafters, Sears Optical and Target Optical, which do not provide eye exams. For LensCrafters, eye exams are available from optometrists employed by EYEXAM of California, a licensed vision health care service plan. For Sears Optical and Target Optical, eye exams are available from self-employed doctors who lease space inside the store. Eye exam discount applies only to comprehensive eye exams and does not include contact lens exams or fitting. Contact lens purchase requires valid contact lens prescription. At LensCrafters locations, contact lenses are available by participating Independent Doctors of Optometry or at LensCrafters locations. Cannot be combined with any other offer, previous purchases, or vision and insurance plans. Some restrictions apply. Some brands excluded. See store for details. Void where prohibited. Valid at participating locations. The Sears trademark is registered and used under license from Sears Brands LLC. Target Optical® is a registered mark of Target Brands, Inc. used under license.

OptumHealth is the provider of Nurse HealthLine. OptumHealth nurses cannot diagnose problems or recommend specific treatment and are not a substitute for your doctor's care. **These services are not an insurance program and may be discontinued at any time.** All decisions about medications, vision care, and health and wellness care are between you and your health care provider.

The services provided by the SilverSneakers program are made available as a courtesy to AARP members insured by UnitedHealthcare Insurance Company (United) **and are not part of insurance coverage and may be discontinued at any time.** AARP and United do not endorse and are not responsible for the services or information provided by this program. Consult a health care professional with questions about your health care needs.

SERFF Tracking #:

UHLC-128705847

State Tracking #:

Company Tracking #:

FM12-691

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/FM12-691

Supporting Document Schedules

| | | Item Status: | Status Date: |
|-------------------|-----|--------------|--------------|
| Satisfied - Item: | SOV | Filed-Closed | 09/27/2012 |
| Comments: | | | |
| Attachment(s): | | | |
| SOVST.pdf | | | |

Statement of Variability

Slide 1:

| Variable | Description |
|-----------------------|--|
| [First and Last Name] | Each agent/producer will add his/her own name. |
| [XXX-XXX-XXXX] | Each agent/producer will add his/her own phone number. |

Slide 6:

| Variable | Description |
|------------|--|
| [\$1,156] | Amount not covered by Medicare may change. |
| [\$289] | Amount not covered by Medicare may change. |
| [\$578] | Amount not covered by Medicare may change. |
| [\$144.50] | Amount not covered by Medicare may change. |
| [\$1,156] | Individual's costs may change. |
| [\$289] | Individual's costs may change. |
| [\$578] | Individual's costs may change. |
| [\$144.50] | Individual's costs may change. |
| [2012] | Date may change. |

Slide 7:

| Variable | Description |
|----------|-------------------------------|
| [\$140] | Deductible amount may change. |
| [2012] | Date may change. |

Slide 13:

| Variable | Description |
|--------------------|--|
| [2012] | Date may change. |
| [\$4,660] | Plan K out-of-pocket limit may change. |
| [\$2,330] | Plan L out-of-pocket limit may change. |
| [(\$140 in 2012)] | Part B deductible may change. |
| [2012] | Date may change. |

Slide 15:

| Variable | Description |
|-----------------|---|
| [\$1,156] | Part A hospital deductible may change. |
| [\$144.50] | Individual's 2 day costs may change. |
| [\$289] | Part A co-insurance may change. |
| [\$140] | Part B deductible may change. |
| [\$32] | Part B co-insurance for one doctor visit may change. |
| [\$24] | Part B extra charges may change. |
| [\$1,641] | Medicare Parts A and B out-of-pocket costs may change. |
| [\$0] | Plan N deductible may change. |
| [\$0] | Plan N co-insurance may change. |
| [\$140] | Plan N Part B deductible may change. |
| [\$20] | Plan N Part B co-insurance for one doctor visit may change. |
| [\$24] | Plan N Part B extra charges for same doctor visit may change. |
| [\$184] | Plan N out-of-pocket costs may change. |
| [\$0] | Plan F deductible may change. |
| [\$0] | Plan F co-insurance may change. |
| [\$0] | Plan F Part B deductible may change. |
| [\$0] | Plan F Part B co-insurance for one doctor visit may change. |
| [\$0] | Plan F Part B extra charges for same doctor visit may change. |
| [\$0] | Plan F out-of-pocket costs may change. |
| [2012] | Date may change. |
| [\$160] | Medicare approved amount for one doctor visit may change. |

Slide 22:

| Variable | Description |
|-----------------------|--|
| [First and Last Name] | Each agent/producer will add his/her own name. |
| [XXX-XXX-XXXX] | Each agent/producer will add his/her own phone number. |