

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/FM13-001

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: 01/16/2013
SERFF Tr Num: UHLC-128850106
SERFF Status: Closed-Filed-Closed
State Tr Num:
State Status: Filed-Closed
Co Tr Num: FM13-001

Implementation
Date Requested:
Author(s): Michelle Ambach, Wanda Augustus, Tammy Frederick, Bobbie Walton, Lisa Muhammad
Reviewer(s): Stephanie Fowler (primary)
Disposition Date: 01/16/2013
Disposition Status: Filed-Closed
Implementation Date:

State Filing Description:

State: Arkansas **Filing Company:** UnitedHealthcare Insurance Company
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General Information

Project Name: ADVERTISING	Status of Filing in Domicile: Not Filed
Project Number: FM13-001	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: 01/16/2013	
State Status Changed: 01/16/2013	Deemer Date:
Created By: Michelle Ambach	Submitted By: Lisa Muhammad
Corresponding Filing Tracking Number: FM13-001	

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 advertising previously approved by the Department on 1/5/2012 under SERFF Tracking Number UHLC-127904660. The attached Medicare Supplement Advertisement 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 = \$50.00
Per Company:	No

Company	Amount	Date Processed	Transaction #
UnitedHealthcare Insurance Company	\$50.00	01/16/2013	66594376

SERFF Tracking #:

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Stephanie Fowler	01/16/2013	01/16/2013

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Disposition

Disposition Date: 01/16/2013

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	PRINT AD	Filed-Closed	Yes

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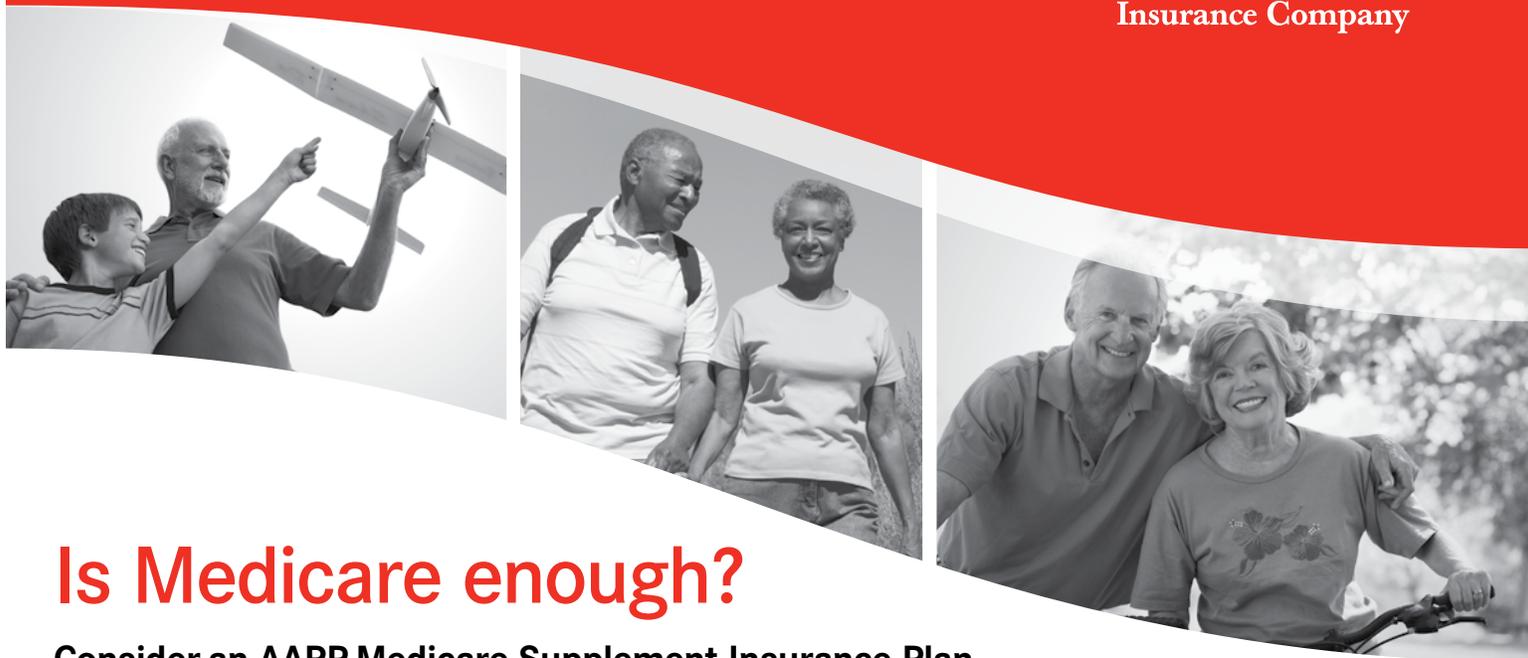
Form Schedule

Lead Form Number: AS2587ST (12-12)

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1	Filed-Closed 01/16/2013	PRINT AD	AS2587ST (12-12)	ADV	Initial		45.000	AS2587ST (12-12).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



Is Medicare enough?

Consider an AARP Medicare Supplement Insurance Plan to help complete your coverage.

You might need more health insurance coverage than Medicare offers. AARP® Medicare Supplement Insurance Plans, insured by UnitedHealthcare Insurance Company (UnitedHealthcare), feature a variety of plans you can choose from to help fit your needs. Medicare supplement plans may help pay for your share of coinsurance, copayments and deductibles for the out-of-pocket costs for Medicare-covered services.

Get the information you need to choose an AARP Medicare Supplement Insurance Plan that may meet your needs. [Call today.]

[Agent Name]

[Licensed Insurance Agent Contracted with UnitedHealthcare]

[1-XXX-XXX-XXXX]

[Agent Email]

AARP Medicare Supplement Highlights Include:

Cost	Competitive rates that help manage your out-of-pocket costs
Plan Choice	Variety of plans available
Flexibility	Change to another AARP Medicare Supplement Plan at any time, if you qualify
All Medicare Supplement Plans Offer:	
Doctor Choice	Select your own doctors and hospitals, as long as they accept Medicare patients
Access	See specialists without referrals
Convenience	Virtually no claim forms to file
Guaranteed Coverage for Life	As long as you continue to pay your premium when due, your plan automatically renews from year to year
Freedom	Insurance that travels with you anywhere in the U.S.

AARP Medicare Supplement Insurance Plans

The following chart lists the different benefits offered by each AARP Medicare Supplement Insurance Plan available. Use it to help you decide which plan best meets your needs.

Medicare supplement insurance plans offer benefits and features designed to meet a variety of needs. Basic benefits are included in ALL plans:



Inpatient Hospital Care: Covers the Part A coinsurance plus coverage for 365 additional days after Medicare coverage ends.



Medical Costs: Covers the Part B coinsurance (generally 20% of the Medicare-approved amount) or copayments for hospital outpatient services. Plans K, L and N require insureds to pay a portion of Part B coinsurance or copayments.



Blood: Covers the first 3 pints of blood each year.

Benefits	Plan A	Plan B	Plan C	Plan F	Plan K	Plan L	Plan N
Part A (Hospitalization) coinsurance plus 365 additional hospital days after Medicare benefits end	✓	✓	✓	✓	✓	✓	✓
Part B (Medical) coinsurance or copayments	✓	✓	✓	✓	50% ¹	75% ¹	Copay ²
Blood first 3 pints each year (Medicare pays costs after 3 pints)	✓	✓	✓	✓	50%	75%	✓
Hospice Care coinsurance	✓	✓	✓	✓	50%	75%	✓
Skilled Nursing Facility Care coinsurance			✓	✓	50%	75%	✓
Part A Deductible		✓	✓	✓	50%	75%	✓
Part B Annual Deductible			✓	✓			
Part B Excess Charges³				✓			
Foreign Travel emergency care			✓	✓			✓
[2013] Out-Of-Pocket spending limit					[\$4,800]	[\$2,400]	

¹ **EXCEPTION:** Plans K and L will pay 100% of Part B coinsurance for preventive services covered by Medicare.

² **NOTE:** Up to \$20 copay for office visits and up to \$50 copay for ER.

³ **NOTE:** Under Ohio and 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.

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	01/16/2013
Comments:			
Attachment(s):			
SOVST.pdf			

Statement of Variability

Variable	Description
[Call today.]	Call Today will be removed if this is used as a handout at a general meeting.
[Agent Name] [Licensed Insurance Agent Contracted with UnitedHealthcare] [1-XXX-XXX-XXXX] [Agent Email]	Agent will customize with his/her name, phone number and email address. Licensed Insurance Agent Contracted with UnitedHealthcare will only be removed if this is used as a general handout with no Agent present. Agent information will also be removed if used as a general handout.
[2013]	Year may change.
[\$4,800] [\$2,400]	Out of Pocket Limits may change.