

**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/FM13-024

## 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: 01/23/2013  
SERFF Tr Num: UHLC-128860045  
SERFF Status: Closed-Filed-Closed  
State Tr Num:  
State Status: Filed-Closed  
Co Tr Num: FM13-024

Implementation  
Date Requested:  
Author(s): Michelle Ambach, Wanda Augustus, Tammy Frederick, Bobbie Walton, Lisa Muhammad  
Reviewer(s): Stephanie Fowler (primary)  
Disposition Date: 01/28/2013  
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/FM13-024

## General Information

Project Name: ADVERTISING	Status of Filing in Domicile: Not Filed
Project Number: FM13-024	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: 01/28/2013	
State Status Changed: 01/28/2013	Deemer Date:
Created By: Michelle Ambach	Submitted By: Lisa Muhammad
Corresponding Filing Tracking Number: FM13-024	

### 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.

The Business Reply Cards - CA25254STBRC and CA25255STBRC - that will be used with the advertisements are also attached for your review.

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

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:	\$200.00
Retaliatory?	No
Fee Explanation:	\$50 X 4 = \$200
Per Company:	No

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Company	Amount	Date Processed	Transaction #
UnitedHealthcare Insurance Company	\$200.00	01/23/2013	66809336

SERFF Tracking #:

UHLC-128860045

State Tracking #:

Company Tracking #:

FM13-024

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/FM13-024

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Stephanie Fowler	01/28/2013	01/28/2013

SERFF Tracking #:

UHLC-128860045

State Tracking #:

Company Tracking #:

FM13-024

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/FM13-024

## Disposition

Disposition Date: 01/28/2013

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	SELF MAILER	Filed-Closed	Yes
Form	BUSINESS REPLY CARD	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: CA25254ST								
Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1	Filed-Closed 01/28/2013	SELF MAILER	CA25254ST	ADV	Initial		45.000	CA25254ST_noBR C.pdf
2	Filed-Closed 01/28/2013	BUSINESS REPLY CARD	CA25254ST BRC	ADV	Initial		45.000	CA25254STBRC.p df
3	Filed-Closed 01/28/2013	SELF MAILER	CA25255ST	ADV	Initial		45.000	CA25255ST_noBR C.pdf
4	Filed-Closed 01/28/2013	BUSINESS REPLY CARD	CA25255ST BRC	ADV	Initial		45.000	CA25255STBRC.p df

### 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



It's not always about where  
I'm going, but who's with  
me along the way | GO LONG™

CA25254ST

## Take the next step in enhancing your Medicare coverage.

[Sample A. Sample]  
[Address Line 1]  
[Address Line 2]  
[City, State, Zip]

(UnitedHealthcare Insurance Company of New York for New York residents)  
P.O. Box 1017 • Montgomeryville, PA 18936-1017

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



Complete  
and mail  
the attached  
reply card today  
to find out more  
about AARP Medicare  
Supplement Insurance  
Plans, insured by  
UnitedHealthcare  
Insurance Company.

PRSR1 STD  
U.S. POSTAGE  
PAID  
UNITEDHEALTHCARE

# You took care of your prescriptions. Now take care of the rest.

As a member of the AARP® MedicareRx Plans, insured by UnitedHealthcare Insurance Company, you already know your Part D plan helps lower your prescription costs. But what can you do about some of the other medical bills Medicare doesn't cover? That's where an AARP® Medicare Supplement Insurance Plan, insured by UnitedHealthcare Insurance Company, can help.

## AARP Medicare Supplement Insurance Plans can help you go the distance.

In fact, AARP Medicare Supplement Plans are the coverage of choice for millions<sup>1</sup> of Americans nationwide. These are the ONLY Medicare supplement plans that carry the AARP name – an organization that has been helping improve the quality of life for Americans like you for generations.

Here are 5 reasons a Medicare supplement plan may be right for you, too:

- 1 Medicare supplement plans help lower co-pays and deductibles** – including the about 20% or more of your Part B expenses that Medicare doesn't pay.
- 2 You can choose your own doctor** – with Medicare supplement insurance there are no network restrictions so you can see any doctor or specialist you choose who accepts Medicare patients.
- 3 You can trust your plan will be there for you** – your Medicare supplement plan can never be canceled due to your age, health or the number of claims you file.
- 4 You can get the care you need where you need it** – your Medicare supplement plan travels with you anywhere you travel in the U.S.
- 5 You have your choice of plans and coverage options** – choose the one that best meets your needs and budget.

You've already started saving on prescription costs, why wait to start saving on out-of-pocket medical expenses?

## Get started today.

Please call: **[X-XXX-XXX-XXXX]**

Weekdays, 7 a.m. to 11 p.m., Saturday, 9 a.m. to 5 p.m., ET. TTY users can call **711**.  
[GoLong.com]

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

<sup>1</sup>From a report prepared for UnitedHealthcare Insurance Company by infogroup/ORC "Substantiation of Advertising Claims Concerning AARP Medicare Supplement Insurance Plans," [March, 2012], [www.uhcmedsupstats.com](http://www.uhcmedsupstats.com) or call [1 XXX-XXX-XXXX] to request a copy of the full report.

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 a licensed agent/producer to receive complete information including benefits, costs, eligibility requirements, exclusions and limitations.

Complete  
and mail  
the attached  
reply card today



to find out more  
about AARP Medicare  
Supplement Insurance  
Plans, insured by  
UnitedHealthcare  
Insurance Company.

**YES!** Please send me complete information about AARP® Medicare Supplement Insurance Plans, including benefits, costs, eligibility requirements, exclusions and limitations. Or call [1-XXX-XXX-XXXX code XXX]

[Sample A. Sample]

[Address Line 1]

[Address Line 2]

[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.**

Insured by UnitedHealthcare Insurance Company, Horsham, PA.

AARP does not employ or endorse agents, brokers, producers, representatives or advisors. Call for complete information including benefits, costs, eligibility requirements, exclusions and limitations.

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CA25254STBRC



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



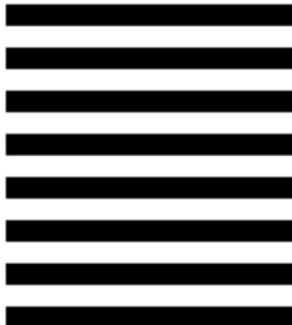
NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

**BUSINESS REPLY MAIL**

FIRST-CLASS MAIL PERMIT NO. 45 LEHIGH VALLEY PA

POSTAGE WILL BE PAID BY ADDRESSEE

UNITEDHEALTHCARE  
INSURANCE COMPANY  
P.O. BOX 25601  
LEHIGH VALLEY, PA 18003-9905



Complete  
and mail  
the attached  
reply card today  
to find out more  
about AARP Medicare  
Supplement Insurance  
Plans, insured by  
UnitedHealthcare  
Insurance Company.



**AARP** Medicare Supplement Plans

insured by **UnitedHealthcare Insurance Company**

**UnitedHealthcare Insurance Company**  
(UnitedHealthcare Insurance Company of New York for New York residents)  
P.O. Box 1017 • Montgomeryville, PA 18936-1017

[Sample A. Sample]  
[Address Line 1]  
[Address Line 2]  
[City, State, Zip]

**Be prepared to handle the costs Medicare doesn't pay.**

CA252555T



I always choose the right ingredients to get the best result | GO LONG™

PRSR1 STD  
U.S. POSTAGE  
PAID  
UNITEDHEALTHCARE

# You've already chosen an AARP® MedicareRx Plan. Now take care of the rest.

As a member of the AARP® MedicareRx Plans, insured by UnitedHealthcare Insurance Company, you know that basic Medicare isn't always enough. And, while a Part D plan helps lower your prescription costs, what can you do about some of the other medical bills Medicare Part B doesn't pay?

Enhance your Medicare coverage with the value and freedom of AARP® Medicare Supplement Insurance Plans, insured by UnitedHealthcare Insurance Company.

## Value

As with any Medicare supplement plan, get help paying the about 20% or more of out-of-pocket costs not covered by Medicare Part B.

## Freedom

All 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 who accepts Medicare patients. Plus no network restrictions or referrals are needed to see specialists who accept Medicare patients.

## Familiar Name

It's no surprise that [3 million<sup>1</sup>] AARP members have enrolled in the only Medicare supplement plan endorsed by AARP.

A plan that carries the AARP brand has been carefully evaluated and selected as one that meets the high service and quality standards of AARP.

## Service

Getting it right is important to you. Skilled and friendly Customer Service Representatives who are licensed insurance agents/producers can answer your questions and help you choose a plan that fits your life.

**Call today: [X-XXX-XXX-XXXX]**

Weekdays, 7 a.m. to 11 p.m., Saturday, 9 a.m. to 5 p.m., ET. TTY users can call **711**.  
[GoLong.com]

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

<sup>1</sup>From a report prepared for UnitedHealthcare Insurance Company by infogroup/ORC, "Substantiation of Advertising Claims Concerning AARP Medicare Supplement Insurance Plans," [March, 2012], [www.uhcmedsupstats.com](http://www.uhcmedsupstats.com) or call [1 XXX-XXX-XXXX] to request a copy of the full report.

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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 a licensed agent/producer to receive complete information including benefits, costs, eligibility requirements, exclusions and limitations.

Complete  
and mail  
the attached  
reply card today



to find out more  
about AARP Medicare  
Supplement Insurance  
Plans, insured by  
UnitedHealthcare  
Insurance Company.

**YES!** Please send me complete information about AARP® Medicare Supplement Insurance Plans, including benefits, costs, eligibility requirements, exclusions and limitations. Or call [1-XXX-XXX-XXXX code XXX]

[Sample A. Sample]

[Address Line 1]

[Address Line 2]

[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.**

Insured by UnitedHealthcare Insurance Company, Horsham, PA.

AARP does not employ or endorse agents, brokers, producers, representatives or advisors. Call for complete information including benefits, costs, eligibility requirements, exclusions and limitations.

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

CA25255STBRC



Medicare Supplement Plans

insured by **UnitedHealthcare  
Insurance Company**



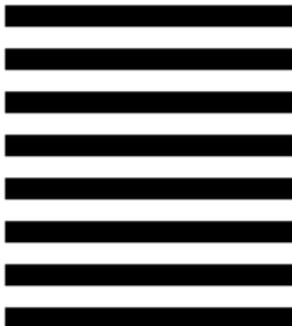
NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

**BUSINESS REPLY MAIL**

FIRST-CLASS MAIL PERMIT NO. 45 LEHIGH VALLEY PA

POSTAGE WILL BE PAID BY ADDRESSEE

UNITEDHEALTHCARE  
INSURANCE COMPANY  
P.O. BOX 25601  
LEHIGH VALLEY, PA 18003-9905



SERFF Tracking #:

UHLC-128860045

State Tracking #:

Company Tracking #:

FM13-024

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/FM13-024

## Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	STATEMENT OF VARIABILITY	Filed-Closed	01/28/2013
Comments:			
Attachment(s):			
2Q13 Part D Cross Sell Standard Statement of Variability.pdf			

## CA25254ST

Variable	Description
<i>Front of Self-Mailer:</i> [Sample A. Sample] [Address Line 1] [Address Line 2] [City, State, Zip]	The name and address of the individual to whom we are mailing this piece.
<i>Below columns:</i> [X-XXX-XXX-XXXX] [GoLong.com]	Telephone number may change. Web site may change.

## CA25254STBRC

Variable	Description
[1-XXX-XXX-XXXX code XXX]	Telephone number and code may change.
[Sample A. Sample] [Address Line 1] [Address Line 2] [City, State, Zip]	The name and address of the individual to whom we are mailing this piece.

## CA25255ST

Variable	Description
<i>Front of Self-Mailer:</i> [Sample A. Sample] [Address Line 1] [Address Line 2] [City, State, Zip]	The name and address of the individual to whom we are mailing this piece.
<i>Inside, 3<sup>rd</sup> Bullet:</i> [3 million <sup>1</sup> ]	Number of plan holders may change.
[X-XXX-XXX-XXXX] [GoLong.com]	Telephone number may change. Web site may change.
<i>Footnote 1:</i> [March 2012] [1 XXX-XXX-XXXX]	Date may change. Telephone number may change.

## CA25255STBRC

Variable	Description
[1-XXX-XXX-XXXX code XXX]	Telephone number and code may change.
[Sample A. Sample] [Address Line 1] [Address Line 2] [City, State, Zip]	The name and address of the individual to whom we are mailing this piece.