Company Tracking Number: CA25104ST

TOI: MS08G Group Medicare Supplement - Standard Sub-TOI: MS08G.001 Plan A 2010

Plans 2010

Product Name: GROUP MEDICARE SUPPLEMENT

Project Name/Number: ADVERTISING/CA25104ST

#### Filing at a Glance

Company: UnitedHealthcare Insurance Company

Product Name: GROUP MEDICARE SERFF Tr Num: UHLC-127189945 State: Arkansas

**SUPPLEMENT** 

TOI: MS08G Group Medicare Supplement - SERFF Status: Closed-Filed- State Tr Num: 48948

Standard Plans 2010 Closed

Sub-TOI: MS08G.001 Plan A 2010 Co Tr Num: CA25104ST State Status: Filed-Closed

Filing Type: Advertisement Reviewer(s): Stephanie Fowler

Authors: Michelle Ambach, Tammy Disposition Date: 06/06/2011

Frederick, Bobbie Walton

Date Submitted: 06/01/2011 Disposition Status: Filed-Closed

Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

#### **General Information**

Project Name: ADVERTISING Status of Filing in Domicile: Not Filed

Project Number: CA25104ST

Requested Filing Mode: File & Use

Date Approved in Domicile:

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: 06/06/2011

State Status Changed: 06/06/2011 Deemer Date:

Created By: Michelle Ambach Submitted By: Tammy Frederick

Corresponding Filing Tracking Number: CA25104ST

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 Card -CA25104STBRC- that will be used with the advertisement is also attached for your review.

Company Tracking Number: CA25104ST

TOI: MS08G Group Medicare Supplement - Standard Sub-TOI: MS08G.001 Plan A 2010

Plans 2010

Product Name: GROUP MEDICARE SUPPLEMENT

Project Name/Number: ADVERTISING/CA25104ST

#### **Company and Contact**

#### **Filing Contact Information**

Susan Cipollo, Director

680 Blair Mill Rd.

Horsham, PA 19044

Susan\_J\_Cipollo@uhc.com
215-902-8444 [Phone]
215-902-8813 [FAX]

**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

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#### **Filing Fees**

Fee Required? Yes
Fee Amount: \$100.00
Retaliatory? No

Fee Explanation: 2 comps @ 50.00 per comp

Per Company: No

COMPANY AMOUNT DATE PROCESSED TRANSACTION #

UnitedHealthcare Insurance Company \$100.00 06/01/2011 48217153

Company Tracking Number: CA25104ST

TOI: MS08G Group Medicare Supplement - Standard Sub-TOI: MS08G.001 Plan A 2010

Plans 2010

Product Name: GROUP MEDICARE SUPPLEMENT

Project Name/Number: ADVERTISING/CA25104ST

#### **Correspondence Summary**

#### **Dispositions**

StatusCreated ByCreated OnDate SubmittedFiled-ClosedStephanie Fowler06/06/201106/06/2011

Company Tracking Number: CA25104ST

TOI: MS08G Group Medicare Supplement - Standard Sub-TOI: MS08G.001 Plan A 2010

Plans 2010

Product Name: GROUP MEDICARE SUPPLEMENT

Project Name/Number: ADVERTISING/CA25104ST

#### **Disposition**

Disposition Date: 06/06/2011

Implementation Date: Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

Company Tracking Number: CA25104ST

TOI: MS08G Group Medicare Supplement - Standard Sub-TOI: MS08G.001 Plan A 2010

Plans 2010

Product Name: GROUP MEDICARE SUPPLEMENT

Project Name/Number: ADVERTISING/CA25104ST

Schedule Item Schedule Item Status Public Access

FormPRINT ADFiled-ClosedYesFormBUSINESS REPLY CARDFiled-ClosedYes

Company Tracking Number: CA25104ST

TOI: MS08G Group Medicare Supplement - Standard Sub-TOI: MS08G.001 Plan A 2010

Plans 2010

Product Name: GROUP MEDICARE SUPPLEMENT

Project Name/Number: ADVERTISING/CA25104ST

#### **Form Schedule**

Lead Form Number: CA25104ST

|            | Schedule                                 | Form                   | Form Type Form Name        | Action  | Action Specific | Readability | Attachment                                    |
|------------|--|------------------------|----------------------------|---------|-----------------|-------------|---|
|            | Item                                     | Number                 |                            |         | Data            |             |   |
| Status     |  |                        |                            |         |                 |             |   |
|            | Filed-                                   | CA25104S               | Advertising PRINT AD       | Initial |                 | 45.000      | CA25104ST_f                                   |
|            | Closed                                   | Т                      |                            |         |                 |             | iling without                                 |
|            | 06/06/2011                               | 06/06/2011             |                            |         |                 |             | BRC.pdf                                       |
|            | Filed-                                   | .CA25104S              | Advertising BUSINESS REPLY | Initial |                 | 45.000      | CA25104STB                                    |
|            | Closed                                   | TBRC                   | CARD                       |         |                 |             | RC_BRCfiling                                  |
| 06/06/2011 |  |                        |                            |         |                 | .pdf        |   |
|            | Closed<br>06/06/2011<br>Filed-<br>Closed | T<br>.CA25104S<br>TBRC | Advertising BUSINESS REPLY |         |                 |             | iling without BRC.pdf CA25104STE RC_BRCfiling |



### 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, insured by UnitedHealthcare Insurance Company (UnitedHealthcare), to help complete your coverage. UnitedHealthcare offers a variety of plans you may choose from to fit your situation.

\* In 2010, UnitedHealthcare Insurance Company was rated "A-stable" by A.M. Best, an independent organization that evaluates insurance company financial performance. The rating only refers to the overall financial status of the company and is not a recommendation of the specific policy provisions, rates or practices of the insurance company.

[To learn more about AARP® Medicare Supplement Plans call]

## [Agent Name]

[Licensed Insurance Agent Contracted with UnitedHealthcare]

[1-800-272-2142]

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



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



CA25104ST BRC-PP

# Medicare supplement plans offer benefits you may use. Choose the only one that carries the AARP name (insured by UnitedHealthcare).



**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 2.9 million AARP members have enrolled in AARP Medicare Supplement Insurance.\*\*

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

<sup>&</sup>lt;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.

\*Base rates have increased by less than [6%] annually from [2006] through [2010], while varying by specific plan, state and year. http://www.uhcmedsupstats.com

\*\*http://www.uhcmedsupstats.com

The AARP Medicare Supplement Insurance Plans carry the AARP name and UnitedHealthcare 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. Neither AARP nor its affiliate is the insurer.

AARP doesn't make individual recommendations for healthrelated products, services, insurance or programs. You are encouraged to evaluate your needs and compare products.

Insured by UnitedHealthcare Insurance Company, Horsham, PA. 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. 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 and its affiliate are not insurance agencies or carriers and do not employ or endorse insurance agents, brokers, producers, representatives or advisors.

Call to receive complete information including benefits, costs, eligibility requirements, exclusions and limitations.



Medicare Supplement Plans
insured by UnitedHealthcare
Insurance Company

# [You deserve some answers. Call today.]



[Agent Name]
[Licensed Insurance
Agent Contracted with
UnitedHealthcare]
[1-800-272-2142]



() [Return the attached card]

<sup>&</sup>lt;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.



#### [BUSINESS REPLY MAIL]

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

[POSTAGE WILL BE PAID BY ADDRESSEE]

[Agent Name] [Agent Address] [Agent Address] [City], [State] [Zip] [NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES]

#### Return this card for more information or call [1-800-272-2142]

| 1) | Member Name             | (Mr., Mrs., Ms.) Please | Print             |                                  |            |                 |    |
|----|-------------------------|-------------------------|-------------------|----------------------------------|------------|-----------------|----|
|    | Date of BirthMM/DD/YYYY |                         | Medicare (Pa      | art B) Effective Date            | MM/DD/YYYY |                 |    |
| 2) | Spouse Name             |                         |                   |                                  |            |                 |    |
|    | Date of Birth _         | MM/DD/YYYY              | Medicare (Page 1) | 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          |                         |                   |                                  |            |                 |    |
|    |                         | If you provide your ph  | one number or e-  | mail address, an age             | ent m      | ay 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.