

**Important Information About
Changes to New York Rate Filing information**

The original letter UnitedHealthcare sent to you about the New York rate filing for AARP[®] Medicare Supplement Plans contained an error.

The correct email address for the New York Department of Insurance is

PremiumRateIncreases@ins.state.ny.us

We apologize for any inconvenience this error may have caused. We have updated the letter with the correct information and for clarity. Please review the enclosed corrected New York rate filing information letter and replace the one you have now.

(--FULL NAME: MAIL TO PERSON 1--)
(--ADDRESS LINE 1--)
(--ADDRESS LINE 2--)
(--CITY--) (--STATE CD--) (--ZIP CD--)

(LTR DATE)
Re: (--MEMBERSHIP #--)
(--FULL NAME: ACTIVE PERSON 1--)

Important Health Insurance Rate Information

Dear (--FULL NAME: MAIL TO PERSON 1-),

Thank you for allowing UnitedHealthcare Insurance Company of New York to bring you quality health insurance. UnitedHealthcare works hard to offer valuable coverage and helpful customer service.

Rates May Be Changing in 2012

We have enclosed a chart showing the current and proposed Medicare Supplement rates (for plans with effective dates prior to January 1, 1992).

After we submit the proposed rates:

- We will provide 60 days advance written notice of any rate change. The new rates are for the calendar year of 2012 and we've proposed to implement the rate change on April 1st, 2012.
- We will send you billing information for your coverage as soon as rates have been finalized.

30 day Comment Period

This rate information will be posted on the New York Department of Insurance website. The Department's website is: <http://www.ins.state.ny.us>. You may submit written comments or request additional information on the proposed rates within 30 days of the rates being submitted. (You may contact UnitedHealthcare for the start and end dates of the 30 day comment period.) Comments may be sent to the New York Department of Insurance at the following address:

Health Bureau-Premium Rate Adjustments
New York State Insurance Department
25 Beaver Street
New York, NY 12257
Or if you prefer to email, please write to: **PremiumRateIncreases@ins.state.ny.us**

Written comments submitted to the Department will be posted on the Department's website with any personal identifying information removed. If you submit written comments, you should include the insurance company's name (UnitedHealthcare) in the comments.

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You can obtain more information about this rate filing and the reason for the rate adjustments from UnitedHealthcare. You may contact us:

- By postal mail at:

UnitedHealthcare
PO Box 1012
Montgomeryville, PA 18936-1012

- By email, at: aarphealthcareoptions@thehartford.com,
- Or obtain additional information on-line at our website: www.beginsat50.com/PreNY and entering NYNAR as the access code. This site contains a summary of the reasons for the rate adjustment.

Please note: After the rate submission, the New York Department of Insurance Superintendent may approve, change, or disapprove the proposed rate adjustment.

For More Help

Please take a moment to look over the enclosed information. You can also contact us for more information by calling customer service at **1-866-562-0923** (TTY: 711) weekdays from 7 a.m. to 11 p.m. and Saturdays from 9 a.m. to 5 p.m. Eastern Time. En Español...1-800-822-0246.

Thank you.

Sincerely,



Barbara McClatchy
Vice President, Member Experience
UnitedHealthcare Insurance Company

New York - Medicare Supplement Plans

Pre-Standardized Medicare Supplement Plans			
Plans Issued In New York		Plans Not Issued In New York	
Plan	2011 Rate*	Proposed 2012 Rate*	% Change
M1/P1/J1	\$ 123.50	\$ 126.25	2.2%
M2/P2/J2	\$ 192.25	\$ 196.75	2.3%
M3/P3/J3 without Rx benefit	\$ 273.75	\$ 280.00	2.3%
M3/P3/J3 with Rx benefit	\$ 309.25	\$ 317.75	2.7%
M4 without Rx benefit	\$ 356.25	\$ 364.50	2.3%
M4 with Rx benefit	\$ 391.75	\$ 402.25	2.7%
M5/P5/J5	\$ 172.00	\$ 176.00	2.3%
M6/P6/J6	\$ 232.75	\$ 238.25	2.4%
M7/P7 without Rx benefit	\$ 338.25	\$ 346.00	2.3%
M7/P7 with Rx benefit	\$ 373.75	\$ 383.75	2.7%
M8/P8	\$ 154.00	\$ 157.50	2.3%
M9/P9	\$ 226.50	\$ 231.75	2.3%
MC/MH/MM/MS	\$ 192.25	\$ 196.75	2.3%
DA/DB	\$ 192.25	\$ 196.75	2.3%
DC/DE/DF	\$ 232.75	\$ 238.25	2.4%
N6/Q6	\$ 195.75	\$ 200.25	2.3%
NA/QA	\$ 120.75	\$ 123.50	2.3%
N3/Q3 Rider without Rx benefit	\$ 78.00	\$ 79.75	2.2%
N3/Q3 Rider with Rx benefit	\$ 113.50	\$ 117.50	3.5%
N7/Q7 Rider without Rx benefit	\$ 142.50	\$ 145.75	2.3%
N7/Q7 Rider with Rx benefit	\$ 178.00	\$ 183.50	3.1%
AD/DP Rider	\$ 4.00	\$ 4.00	0.0%
S1	\$ 123.50	\$ 126.25	2.2%
S2	\$ 192.25	\$ 196.75	2.3%
S3 without Rx benefit	\$ 273.75	\$ 280.00	2.3%
S3 with Rx benefit	\$ 309.25	\$ 317.75	2.7%
S4 without Rx benefit	\$ 356.25	\$ 364.50	2.3%
S4 with Rx benefit	\$ 391.75	\$ 402.25	2.7%
S6	\$ 232.75	\$ 238.25	2.4%
S7 without Rx benefit	\$ 338.25	\$ 346.00	2.3%
S7 with Rx benefit	\$ 373.75	\$ 383.75	2.7%
SA	\$ 154.25	\$ 158.25	2.6%
TA/XA/HA/YA	\$ 154.25	\$ 158.25	2.6%
MA/PA	\$ 154.25	\$ 158.25	2.6%
D6/D7/D8/D9 Riders	\$ 13.75	\$ 14.75	7.3%
AG	\$ 61.25	\$ 63.00	2.9%
W without Rx benefit	\$ 283.00	\$ 290.25	2.6%
W with Rx benefit	\$ 300.50	\$ 309.00	2.8%
X	\$ 221.25	\$ 227.00	2.6%
Y	\$ 116.50	\$ 119.50	2.6%

*Current and Proposed rates do not include any applicable discounts.

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