

2009 SecureHorizons Brand Guidelines

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Cover:

2009 SecureHorizons Brand Guidelines

Visual identity and brand standards for:

- AARP MedicareComplete from SecureHorizons
- MedicareComplete from SecureHorizons
- SecureHorizons Medicare Direct

Page 2

Our brand is our most important asset. It differentiates our health plans from other plans that may be similar. It is a powerful reason why consumers choose our plans over our competitors. Managing our brand identity and positioning is critically important to our continued success. By using consistent messaging and images to represent our brand, we continually reinforce the power of our brand in the marketplace and keep it relevant to consumers.

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Section 1

Introduction

1.0 Purpose of this Manual

Page 1

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Millions of people interact with SecureHorizons each year. Impressions that we make to consumers, whether through marketing materials or word of mouth, impact their perception of who we are and what we offer.

A successful brand differentiates us in the marketplace, and helps consumers recognize our brand and choose our products.

It is important that we manage all aspects of our identity in order to grow our brand and earn our consumers' loyalty. By using straightforward and polished messaging — along with a consistent identity — we can reinforce our brand and help deliver our promise to our consumers.

1.1 Maintaining a Powerful Brand

A strong and consistent brand has a lasting impression in the minds of consumers. On the following pages we describe the things that make the SecureHorizons brand unique — our *positioning*, our *personality* and our *voice* — and incorporate them into a well-designed brand identity.

Brand identity is more than just the “look and feel” of marketing materials; it is also the way we talk to consumers — in person and in writing — through the language we use. This brand identity guide contains rules to follow when creating promotional materials for our plans. It features the visual elements, colors that identify our brand. It also describes the copy tone and style that should be used to ensure that what we communicate is relevant and easily understood by consumers.

As the ambassador of the SecureHorizons brand, it is up to us to protect the identity that's been so carefully crafted. Being consistent in both the words and graphics we use will help ensure that the power of the brand is being leveraged in every point of communication with consumers.

Section 2

Brand Strategy

2.0 Brand Architecture

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Our Brand Architecture reflects the structure, differences and hierarchy of brands and products that fall under the United Healthcare umbrella brand.

- Umbrella Brand – United Healthcare is the insurer of our comprehensive plan options. Many of our plans are not marketed under the United Healthcare name; however, United Healthcare is still the legal insuring entity for all of our plans.
- Product Brand – SecureHorizons® by UnitedHealthcare is the provider of our comprehensive plan options.
- Products – Plan options currently offered through 2009:

HMO

SecureHorizons® MedicareComplete®
AARP® MedicareComplete® from SecureHorizons®
AARP® MedicareComplete® [Plan 1][Plan 2][Plan 3][Plan 4]
AARP® MedicareComplete Essential®
AARP® MedicareComplete Balance™
AARP® MedicareComplete Balance™ Plus
AARP® MedicareComplete Mosaic™
AARP® MedicareComplete Premier™
AARP® MedicareComplete Value™
AARP® MedicareComplete® Rx

PPO

AARP® MedicareComplete Choice® [Plan 1][Plan 2][Plan 3]
SecureHorizons® MedicareComplete Choice® [Plan 1][Plan 2][Plan 3][Plan 4]

POS

AARP® MedicareComplete Plus™ [Plan 1][Plan 2][Plan 3]
SecureHorizons® MedicareComplete Plus™

SecureHorizons PFFS Plans

SecureHorizons® MedicareDirectSM [Plan 1][Plan 2][Plan 3][Plan 4][Plan 5][Plan 6][Plan 7][Plan 100] [Plan 1A]

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SecureHorizons® MedicareDirectSM Rx [Plan 51][Plan 51A][Plan 52][Plan 53] [Plan 54][Plan 55][Plan 56][Plan 57][Plan 58][Plan 150]

SecureHorizons Group Retiree Plans

SecureHorizons® MedicareDirectSM Retiree Plan
SecureHorizons® MedicareDirectSM Rx Retiree Plan [Plan 50][Plan 51][Plan 52][Plan 53]
SecureHorizons® MedicareComplete® Retiree Plan
SecureHorizons® MedicareComplete® Rx Retiree Plan
AARP® MedicareComplete® Retiree Plan
AARP® MedicareComplete® Rx Retiree Plan
MedicareComplete® Retiree Plan
MedicareComplete® Rx Retiree Plan
UnitedHealthcare® MedicareDirectSM Retiree Plan
UnitedHealthcare® MedicareComplete® Retiree Plan

2.1 Creating Brand Positioning

What makes one brand different from another? The answer is brand *positioning*. Our position is the central idea that differentiates our brand from the competition. It is an idea we alone can own, something that no other senior health care company can replicate.

Our business is highly regulated and many of the plans we offer look similar to competitive plans. That's why it is so important that promotional materials for all of our plans reinforce and support our brand position.

Our brand is often the most important thing that distinguishes our plans from competitors. It can help us get on a consumer's "short list" when considering different plans. Often, it is a deciding factor in selecting a plan.

2.2 Our Brand Position

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“SecureHorizons is the brand focused exclusively on health care for the benefit of seniors and all Medicare beneficiaries. We are leaders in Medicare Advantage health plans, committed to delivering the highest possible value and service for Medicare beneficiaries.”

Each of the different plan families we offer — AARP MedicareComplete from SecureHorizons, MedicareComplete from SecureHorizons and SecureHorizons MedicareDirect — receive an added “boost” because of our brand positioning.

Our position provides in a few words the essence of **what** our brand stands for, **how** our brand is different from competitor brands and **why** a consumer should choose our brand.

The entire organization should embrace the brand position as a “promise” that consistently reinforces what is relevant and different about the SecureHorizons brand.

Section 3

Brand Personality

3.0 What is Brand Personality?

Beyond our positioning, there is something else that defines our brand in the minds of consumers. This is what we call our brand’s *personality*.

Brand personality is not a mission statement, business strategy, slogan or tag line. It’s the attitude of our entire organization reflected in everything we do — from the image we project to the way we communicate. If our company were a person, it’s what kind of person we would be. Just as in our own lives, our brand’s personality shapes the way people see us.

3.1 Our Brand Personality:

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“We believe in actions, not promises; that trust is earned, not given. We are true advocates for all for those on Medicare, we work to help them get more value and services understand their choices, and act with respect and understanding of their needs. As the leaders in Medicare Advantage plans, our customers expect more from us, and we have to meet their expectations for quality, service and value.”

3.2 Key Words and Phrases that Reflect our Brand Personality

- Advocate
- Knowledgeable
- Experienced
- Committed
- Trusted Advisor
- Caring
- Leaders in Medicare Advantage

3.3 Brand Style

As reflected in our brand personality, we are committed to being more than just a provider of health care coverage for our customers. We are their advocate, a trusted advisor who cares about and takes care of their needs. Keeping with that personality, our overall look and feel is clean, fresh, warm and professional.

Our look features designs that are simple and never overpowering. Our photographic style incorporates confident people who are content with their lives and their choices. They are people who prefer to make the most of their lives and choose not to focus on limitations. They are empowered, educated and, most importantly, they are real.

Section 4.0

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Brand Voice

4.0 What is Brand Voice?

Every time our customers open an envelope from SecureHorizons, see one of our advertisements, or go online to review their membership benefits, they hear the SecureHorizons brand *voice*. Our brand voice creates expectations about the quality of SecureHorizons products and services and our ability to deliver on our commitments.

Just like an individual's voice, our brand's voice helps people recognize us and distinguishes us from others. Used consistently, our brand voice reinforces what makes us unique and different as we use communications to build relationships with consumers, employers, physicians and others.

4.1 Our Brand Voice

“Medicare is complex and consumers are often confused by the many choices they have. So our brand voice must always be helpful, simple and clear. We must help educate our consumers. We must not use “marketing speak” or health care industry jargon in our communications. We must remember that our audience may be our own parents or grandparents. So we should address our audience with respect that reflects the esteem and care we have for society's elders.”

4.1.2 Copy Tone

Our audience of prospective and existing plan members is looking for a guide to help them through what can be a complex and intimidating subject. We need to express our brand personality as trusted advisors with proven integrity who take care of the customer. The style is sincere, open, confident and empathetic.

4.2 Plain Language

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Every day we communicate to our members through printed documents such as product brochures, policies, explanations of benefits and more. These documents contain important information that can affect members' health and finances. It is vital that our members understand these documents. There is evidence that they do not. To keep documents easy to read and understand, use the following plain language principles:

Define the document's role. What do you want members to do after receiving a document? Enroll? Call Customer Care? Make sure they know what to do and what steps to take, and double check that your messages are consistent on every piece they receive from us.

Write to your audience. Know what your audience knows. Give them just enough new information to educate them without boring them. Explain hard-to-understand concepts and include a glossary if you're using a lot of unfamiliar terms.

Appeal to what matters. Know what your audience wants. Do they want to save money? Have access to a vast network of doctors? Be healthier? For example, explain the benefits of getting a physical exam in a way that speaks to them (e.g., being healthy means having more time to spend with grandchildren).

Keep in mind your audience's diversity. Make sure the words you use are easily understood by everyone.

Make sure the document is easy to navigate. A clear, linear flow directs the reader easily through the document without confusing them. Decide whether a task-based or topic-based approach works best. (In task-based documents, information is grouped into chunks to help the reader accomplish individual steps, while a topic-based document organizes information under a main set of ideas or under a "headline, presentation of ideas and call-to-action" setup.)

Structure information in the "when, why, what" format. (**When** the info applies, **Why** it might affect them, and **What** they need to do about it.) Sentences that reveal the "**when**" often begin with "**If you...**" Sentences that reveal the "**why**" often contain phrases like "**...and this matters because...**" Sentences that reveal the "**what**" may end with "**This means you should...**"

Write at a grade-school reading level. Use short sentences that follow the conversational "subject, verb, object" format as well as paragraphs with simple, familiar words showing people taking action. Avoid using passive voice, medical jargon and acronyms. Try to use words with only one or two syllables whenever possible.

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Use the “**Three Ps**” rule. Every piece is relevant to some **People**, may **Profit** them to some degree, and has some **Probability** of doing so. If your information meets the Three P’s, include it.

4.3 Simple Design

As important as words are in communicating, the way our materials look is equally important. People react strongly to the way something is designed. If it is crowded and cluttered, it is less likely to be read. Older people in particular prefer to read things that are laid out simply and designed so that the information is easy to digest. Follow these design principles to ensure our materials are appropriate for our audience:

- **Use visuals and photos that clearly highlight important topics** – Icons are ideal for communicating simple messages and can help readers find information quickly. Color-coding major categories keeps readers oriented, while diagrams help explain complicated medical processes and terms. Illustrations and photos should be meaningful; don’t use them simply for decoration.
- **Use charts or icons** – Sometimes it is better to visually explain important topics such as plan differences or coverage stages. Other helpful navigational tools include a table of contents, page numbers, tabs and numbered sections. Too many of these visuals can be confusing, however, so keep it simple.
- **Pay attention to design details** – Everything from the colors to the paper sends a message to the reader about our brand. Make sure pieces look consistent when viewed next to each other, especially in relation to colors, fonts, photographic style and logo use. Paper that is too thin may send the message that our products are cheap, while over-the-top glossy paper or die-cuts may make our products seem overpriced. Use plenty of white space and spacious margins to help the reader easily read through the piece without being overwhelmed by large blocks of copy.
- **Make type legible** – CMS regulations require all type to be equivalent to or larger than 12-point Times New Roman. That’s the minimum standard for legibility. We can also do more to insure our audience can easily read our materials. For example, use reverse type and all caps sparingly (no more than eight words reversed out). Call-to-action copy is OK reversed out, as long as the proper font and format is used (e.g., bold). When using colors, keep in mind that some readers may be colorblind.
- **Be consistent with formatting** – If you always use a blue font for headlines, it will help readers navigate the document faster and better understand our message. Often-used phrases or disclosures should use the same language every time.

4.4 The AARP Relationship

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4.4.1 Co-Branding with AARP (per Jason, this section is problematic and will likely take more time to flesh out. They will be here on Monday and I can discuss with them. See attached two documents for some potential options.)

AARP Guiding Standards

It's often asked, "What does it mean that AARP's name is on an insurance product?" Agents selling the products want to know how they are different from other products; the media wants to know what the products stand for; and you may want to know, "what's in it for you."

AARP does not believe the products and services that carry its name will be a perfect fit for every consumer, but we recognize that you deserve a range of choices when it comes to health care. And to ensure that AARP-branded offerings represent a choice you can trust to deliver real value, AARP Services, Inc., AARP's wholly-owned subsidiary, actively monitors the products and services, holds companies to market-leading standards, and provides an additional level of customer support through an Ombudsman service.

AARP lends its brand to products and services that meet certain standards. AARP Services ensures these standards are met, and encourages companies to develop new products and improve existing products in order to provide individuals with high quality, high value choices in the market. In order to protect the integrity of the AARP name, AARP Services requires strict adherence to the following standards:

- **Clear and Accurate Communications** – The information you receive must be honest and truthful — offering straightforward explanations of benefits and features. Because AARP Services does not make recommendations, the communications are intended to help you make the best decision for your individual needs. AARP Services reviews each and every piece of marketing communication to ensure this standard is followed. If AARP Services does not approve a communication, it does not go out. AARP Services wants to make sure you clearly understand a health care plan and whether it is the right choice for you. After all, when you chose a health plan, you want to make sure it meets your needs, preferences and budget.
- **Careful Selection of Products and Services** – AARP-branded products and services are selected because they may meet your needs. AARP Services identifies companies that share a common mission — making affordable, quality health care coverage available for Americans as they age. AARP Services serves as an advisor to help guide those companies develop products and services that are unique, provide real value and, most importantly, meet your needs.

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- **Highest Quality of Products and Services** – AARP-branded products and services are not always the “cheapest” but AARP recognizes that it’s important to AARP members that the products and services provide real value. A less expensive product or service that does not meet a member’s needs does not provide value. From the information you use to learn about the product to an easy sales experience based on your needs to fully attentive and effective customer service, these products and services should exceed your expectations. Companies that offer products and services carrying the AARP name are held accountable for the quality of care delivered to their members.
- **An Excellent Sales Experience** – Your needs matter most. You should expect to have your needs evaluated, to be educated on specific products, and never be pressured to make a decision. Only certain agents can offer products that carry the AARP name. AARP Services requires those agents to pass a comprehensive screening, go through additional training, and agree to a code of ethics requiring they put your needs first. A customer-first philosophy is a standard that guides every decision these agents make.
- **Outstanding Customer Service** – You should expect an outstanding service experience with a product or service that carries the AARP name. In order to ensure that this level of service and quality are delivered, AARP Services monitors the sales and marketing practices, the customer service experience and the overall quality of the health care delivered by the plans that carry the AARP name. Companies have to meet standards on such measures as:
 - How quickly and effectively your calls are answered.
 - How quickly your claims are paid.
 - The quality of the sale experience. Surveys are conducted and mystery shoppers are sent out to evaluate the sales experience by asking: Are the agents too pushy? Do they know their products? Are the agents working to make sure an individual only purchases a product that is right for his or her needs?

AARP Services has a specially trained Ombudsman Unit to help members resolve issues with products and services that carry the AARP name. If you should ever encounter a problem that isn’t resolved to your satisfaction, AARP-branded products carry an additional layer of support. Our representatives will serve as your advocate and can be reached at 1-800-OUR-AARP.

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- **Quality Health Outcomes** – The companies that offer AARP-branded products and services are held accountable for the quality of care they deliver you. Members enrolled in health plans carrying the AARP name can expect they will benefit from high quality health care. Led by a Chief Medical Officer, AARP Services has created a team of employees whose job is to monitor how well companies are promoting the health of people who buy AARP-branded plans. AARP Services believes that health insurance isn't only about dealing with illness; it's also about keeping you healthy too.
- **Social Responsibility** – AARP Services recognizes that social responsibility is important to you. Therefore, the companies that offer AARP-branded products are expected to be outstanding corporate citizens. AARP Services requires providers to embrace and address AARP's priorities, which include reducing disparities in care (based on race, ethnicity and gender), improving health literacy and corporate and social responsibility, delivering on a commitment to ethical sales and marketing practices, and facilitating access to quality and affordable health care for people 50+. When it comes to the health care products and services that carry the AARP name, access to affordable coverage is critical.

There are many industry-leading companies offering products and services that carry the AARP name. In order to do so, these companies must consistently deliver on these Guiding Standards. AARP Services regularly monitors these companies to ensure that the AARP name is well-represented, and that these products are of good value and high quality for the nearly 40 million members of AARP.

Approved Statements for Marketing Materials

AARP MedicareComplete from SecureHorizons is the Medicare Advantage plan with the AARP name. As such, our brand represents the unique attributes and strengths of both AARP and SecureHorizons by UnitedHealthcare. The following statements are approved for use in marketing materials when referring to AARP MedicareComplete and to the relationship between SecureHorizons and AARP:

AARP is recognized the leading advocate for Seniors. They have set high standards that health plans like SecureHorizons have to meet in order to market products that carry the AARP name.

SecureHorizons is recognized as an expert in health care for Seniors and Medicare beneficiaries, and is the nation's largest provider of Medicare health plans.

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Both organizations are committed to improving health care for Seniors and Medicare beneficiaries. They are using their combined expertise to help improve access to high-quality, affordable coverage for health care and prescription drugs for the benefit of all those on Medicare.

Consumers who select AARP MedicareComplete from SecureHorizons will benefit from plans that have been created with their unique needs in mind, providing them with both high quality and good value.

AARP® has selected MedicareComplete® as the Medicare Advantage plan(s) to carry the AARP name. This important milestone brings together two respected names in Senior well-being with a shared mission to improve the health of Seniors and increase access to high-quality, affordable health care for all Medicare beneficiaries.

4.4.2 Common Do's and Don'ts (Legal has still not revised the chart part of this section)

In many cases, we use “connecting statements” in our marketing materials to connect our plans to AARP. While this is permissible, it should be done with caution and should never be used to suggest exclusivity or that our plans are endorsed by AARP.

The word "only" in a headline or in body copy when connected to the AARP name is no longer acceptable on any new materials. For example, it is no longer permissible to say “The **only** Medicare Advantage plan with the AARP name.”

Examples of acceptable language connecting our plans to AARP:

- The Medicare Advantage plan with the AARP name.
- One Medicare Advantage plan has the AARP name.

When using connecting statements such as above, you must also use a statement that encourages the reader to consider our plan benefits, learn more, read more, etc. These are called “consideration statements.”

Here are some examples of how to use connecting statements and consideration statements in marketing materials.

[headline]

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One Medicare Advantage plan has the AARP name.

[Examples of acceptable consideration statements]

Consider making it your plan. OR

See for yourself if it's the right plan for you. OR

Learn more about how it could be the right plan for you. OR

Look inside to learn more.

COMMON DO's AND DON'Ts		
**** IMPORTANT NOTE ****		
<i>For WE statements below, it must be clear that "WE" refers to SecureHorizons or UnitedHealthcare and not AARP in any way.</i>		
<i>Rule</i>	<i>DO's</i>	<i>DON'Ts</i>
<p>Plan Sponsor AARP MedicareComplete is available through SecureHorizons. It cannot be brought by or sponsored by AARP.</p> <p>It must be clear from the overall reading of materials that SecureHorizons (or the underlying legal entity) is offering the plan. In the case of PDP, it should be clear that the plan is sponsored by UnitedHealthcare.</p>	<p>AARP® MedicareComplete® plans are brought to you by SecureHorizons. (in body)</p> <p>AARP® MedicareComplete® from SecureHorizons® (as logo)</p>	<p>AARP MedicareComplete brought to you by AARP and Secure Horizons.</p>
<p>Endorse Don't use "endorsed" or imply that AARP is recommending individuals enroll into the MA plans branded with their name.</p>	<p>The Medicare Advantage plan with the AARP name on it.</p> <p>Carries the AARP name.</p>	<p>The only Medicare Advantage plan endorsed by AARP.</p> <p>The Medicare Advantage plan exclusively</p>

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COMMON DO's AND DON'Ts		
		<p>endorsed by AARP.</p> <p>In selecting MedicareComplete for its exclusive endorsement, AARP is...</p> <p>But when the only Medicare Advantage plan with the AARP name comes along, that makes deciding easy.</p>
<p>All Medicare Beneficiaries Don't imply that non-seniors are not eligible by only saying that SecureHorizons or "we" are committed to senior health</p>	<p>If you say "we" are committed to senior health also say somewhere in the document that SecureHorizons is committed to all Medicare beneficiaries</p>	<p>Imply that disabled beneficiaries are ineligible</p>
<p>Use of Partnership Do not use "partners" or "partnership".</p> <p>Do not imply that AARP has any relationship with providers.</p>	<p>In cooperation with AARP...</p> <p>In cooperation with contracted physicians...</p>	<p>In partnership with AARP...</p> <p>In partnership with contracted physicians...</p>
<p>AARP brand effect on benefits and network Do not imply that the addition of AARP to the plan name will change or impact benefits.</p> <p>Do not imply that the addition of the AARP to the plan name will change or impact the network</p>	<p>This change does not impact your (year) benefits.</p>	<p>The relationship with AARP will help our efforts to enhance plan benefits and providers networks.</p> <p>Your benefits are not changing.</p> <p>Now with AARP, I'm expecting better things to come.</p>

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COMMON DO's AND DON'Ts		
<p>Relationship with providers Do not imply that MA plans own providers.</p> <p>Do no imply that AARP has any relationship with providers.</p>	<p>Contracted providers...</p> <p>Network pharmacy</p>	<p>Our providers....</p> <p>Our pharmacy</p>
<p>Health care quality Don't imply a guarantee of quality or excellence in the care enrollees receive from contracted physicians or facilities</p>	<p>We verify the credentials of all contracted physicians and other providers.</p>	<p>We offer high quality from the best physicians and hospitals</p>
<p>Insure/Ensure Do not use “insure” or “ensure” by itself to describe our activities. Use qualifiers such as “attempt” and “work to”.</p>	<p>We work to make sure ...</p>	<p>We ensure that...</p>
<p>Comprehensive Don't imply that we provide any services directly or that we have unlimited or comprehensive coverage.</p>	<p>Broad package of benefits ...</p> <p>We provide certain benefits...</p> <p>We provide coverage for...</p>	<p>We provide comprehensive coverage...</p> <p>We provide unlimited benefits...</p> <p>We provide complete coverage for...</p>
<p>Health care coverage, not treatment Do not imply that AARP or MA plans provide medical care.</p> <p>Make sure that it is clear that the MA plan is <u>providing coverage</u> and <u>not</u> AARP.</p>	<p>We provide medical coverage.</p>	<p>We provide medical care.</p>
<p>Superlatives It is generally preferable not to use superlatives. Before using them ask: (i) Is it true? and (ii) Can I prove it? If the answer to both questions is “YES” then you can make the</p>	<p>One of the best...</p>	<p>The best...</p> <p>National leader...</p> <p>Most successful...</p>

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COMMON DO's AND DON'Ts		
statement.		
<p>Trademarks Use ® when using SecureHorizons or MedicareComplete as a trademark. A trademark is used to identify a product or service, such as “SecureHorizons® Medicare Advantage plans.” The ® must be used with the first mention of the trademark in titles, headlines or body copy. Thereafter in the document it is not required, but it is preferable, to use the trademark symbol each time the mark appears.</p> <p>Trade names Do not use a ® when using SecureHorizons as a trade name. SecureHorizons is a trade name when it is used as a noun, such as “SecureHorizons can help you get more from Medicare.”</p> <p>The only exception to this rule is logos, such as:</p> <p>AARPsm MedicareComplete® from SecureHorizons®</p> <p>When used in a logo, we should use ® after</p>	<p>AARP® MedicareComplete® plans are brought to you by SecureHorizons.</p> <p>Your AARP® MedicareComplete® plan has broad benefits.</p> <p>SecureHorizons® plans have prescription drug coverage.</p> <p>SecureHorizons® by UnitedHealthcare (<i>when used as a logo</i>)</p> <p>Today, we are introducing AARP® MedicareComplete® plans from SecureHorizons.</p>	<p>Don't use trademarks as a noun.</p> <p>Don't use SecureHorizons or MedicareComplete as a trade name without using it at least twice as a trademark.</p> <p>SecureHorizons® can help you get more from Medicare.</p> <p>Today, we are introducing AARP® MedicareComplete® from SecureHorizons®.</p>

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COMMON DO's AND DON'Ts		
SecureHorizons and MedicareComplete.		
Terms like SecureHorizons and MedicareComplete should be used as a trademark at least twice if also used as a trade name.		

4.4.3 ASI Copy Guidelines

The full plan name “AARP® MedicareComplete® from SecureHorizons” should be used in the beginning of every piece.

Use the proper trademark for AARP the first time it appears and that time only.

Use the proper trademark the first time AARP appears along with a plan name, unless it already appears in the document.

When using “we” or “our,” the language must be clear that “we” and “our” refer to SecureHorizons. Avoid using “we” or “our” unless it is very clear that you are referring to SecureHorizons. When in doubt, use language such as “At SecureHorizons we believe...” or “SecureHorizons wants you to know that...” as appropriate.

We need to be clear that the member is calling SecureHorizons, not calling AARP. Do not say, “Call us,” “Call customer service,” “Call our agents” or use other ambiguous possessives. Always use “Call SecureHorizons...” followed by phrases such as “to learn more” or “for more information” as appropriate.

Write a call-to-action in the text and include a call-out box with phone number and hours of operation.

Section 5

Target Audiences and Messages

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5.0 Our Primary Audiences

Our target audience can be broadly defined as anyone who is eligible for Medicare benefits. But this definition is too broad to be of much help. That is why we have identified three distinct groups of Medicare beneficiaries. These groups are based upon the primary type of health coverage for each group.

Of course, there are other ways to define our target audience, such as demographics, age and income. But for the purposes of our marketing communications, it is important to remember that choosing one of our plans will be a change from their current coverage. Therefore, it's important that we communicate in the context of their current health coverage.

These are our primary target audiences:

- **Original Medicare (Part A/B):** Those with Original Medicare only for their medical coverage, with no supplemental coverage. They also likely have stand-alone Part D prescription drug plan.
- **Medigap (Med Supp/OIS):** Those with a Medicare Supplement insurance plan in addition to their Medicare Part A/B. They also likely have the stand-alone Part D prescription drug plan.
- **Competitive Medicare Advantage:** Those with an MA plan provided by a competitor. They may have Part D coverage included in their plan or have a stand-alone Part D plan.

5.1 How the Messages Change for Acquisition vs. Retention Efforts with Each of the Areas

Our audience of prospective and existing plan members is looking for a guide to help them through what can be a complex and intimidating subject. We need to express our brand personality as trusted advisors with proven integrity who take care of the customer. The style is sincere, open, confident and empathetic.

The audience is divided into two segments: **Acquisition** and **Retention**.

- Acquisition messaging speaks to prospective members. Assume the audience knows very little about Medicare Part C. Education is key to our soft-sell approach. The reader should be made to feel comfortable with the material. Intuitive

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headlines, simple language, bright, positive imagery and ample white space promote confidence and help to create and nurture new relationships.

- Retention messaging speaks to existing plan members. Language is informational and void of salesmanship. Individuals are treated like members of the family. They value that we speak to them clearly and impartially. The messaging hierarchy is three-fold: Convey a singular message and gain member confidence while effortlessly facilitating the call-to-action.

5.2 Our Primary Messages

We have identified three primary “buckets” into which our messages can be grouped. The purpose of this grouping is to ensure that our communications are *relevant* to our target audiences. It will also help achieve consistency and ensure that we are “on message” in all of our varied communications, whether they be printed materials or one-on-one communications with our target audiences.

Our primary messages are:

- **Education:** About Medicare Advantage plans in general.
- **Value:** About Our Medicare Advantage plans in particular.
- **Peace of Mind:** About the emotional benefits of our coverage, such as health, wellness, protection, comfort and security.

5.3 Education Messages

5.3.1 Original Medicare (Part A/B):

Feeling like you're not getting the most out of Medicare?

Your Medicare Parts A, B and D are a good start. But did you know that there's another way to get your Medicare coverage?

Medicare Advantage provides equivalent coverage to your Parts A, B and D, but offers additional services and convenience.

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Medicare Advantage (also known as Medicare Part C) combines the benefits of your Part A (hospital) and Part B (medical) into one plan.

Some plans may also include Part D (prescription drug) coverage as well. When combined with Parts A and B, this drug coverage premium is often less than what you pay for just your stand-alone drug coverage.

Many plans also offer the added protection of putting limits on some of your out-of-pocket medical costs.

5.3.2 Medigap (Med Supp/OIS):

Medicare Supplement plans are a good way to fill the gaps in your Medicare coverage.

But this coverage can be expensive, and you may be feeling the pinch of paying high premiums.

Did you know there's another way to get the Medicare coverage you need without paying higher monthly premiums?

A Medicare Advantage plan combines your hospital, doctor and drug coverage into one plan.

Compared to Medigap, \$0 Medicare Advantage plans allow you to save money on your monthly premiums and pay for a share of the cost for doctor and hospital services only when you use them.

Many plans include additional benefits such as coverage for hearing, vision and dental for no additional premium, or give you the option to purchase more comprehensive benefits for an additional monthly premium.

And many plans offer the added protection of limiting the amount you will pay for medical services every year.

5.3.3 Competitive MA:

Feeling like you're not getting the most out of your Medicare plan?

Did you know that all Medicare Advantage plans are NOT the same?

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There is a wide range of Medicare Advantage plans out there; so it's important to find a plan that is best for you.

Compare your Medicare Advantage plan to one from SecureHorizons — the company focused on the health and well-being of people with Medicare.

5.4 Value Messages

5.4.1 Original Medicare (Part A/B):

You pay a \$0 monthly plan premium beyond what you pay already pay for Medicare Part B.

Get more benefits and services than Original Medicare, such as an annual physical exam at no extra cost.

Coverage for thousands of brand-name and generic prescription drugs at predictable copays.

Predictable copays for doctors, hospitals and medical services.

Don't pay more — just get more. All-in-one Medicare health plan with built-in prescription drug coverage.

When you enroll in a plan with a \$0 premium, you don't pay ahead of time (in the form of a monthly premium) for services you haven't used.

You pay one plan premium that is usually hundreds of dollars less than a Medicare Supplement plan.

Protection against high out-of-pocket costs. (Applies to PFFS only; N/A for all HMO plans.)

5.4.2 Medigap (Med Supp/OIS):

You pay a \$0 monthly plan premium beyond what you pay already pay for Medicare Part B.

You could pay hundreds of dollars less for monthly premiums than a Medicare Supplement plan.

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Programs to help manage health conditions, such as diabetes and high blood pressure. (N/A for PFFS)

Coverage for thousands of brand-name and generic prescription drugs at predictable copays.

Get vision and hearing benefits and many plans with optional dental benefits too. (PFFS: Discounts on vision and dental services)

\$0 copays or out-of-pocket costs for other services, such as annual physicals.

5.4.3 Competitive MA:

You pay a \$0 monthly plan premium beyond what you already pay for Medicare Part B.

Coverage for immunizations and annual preventive screenings.

Get vision and hearing benefits and many plans with optional dental benefits too. (PFFS: Discounts on vision and dental services)

\$0 copays or out-of-pocket costs for other services, such as annual physical.

5.5 Peace of Mind Messages

5.5.1 Original Medicare (Part A/B):

All your health care provided in once complete plan.

You can rest easy knowing that when it comes to your health — we've got covered.

SecureHorizons health plans not only provide insurance for when you get sick — \$0 annual physicals and wellness services help keep you healthy too.

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Regardless of your current situation, if you are eligible for Medicare, SecureHorizons is here to help! We can help you understand all your options and make sure you are getting the most out of Medicare.

5.5.2 Medigap (Med Supp/OIS):

You shouldn't have to worry about your health care plan. When you enroll in a plan from SecureHorizons, you can have confidence that you've made a wise choice.

SecureHorizons health plans provide coverage to help protect your health, and with monthly health plan premiums starting at \$0, we can help protect your pocketbook too.

Regardless of your current situation, if you are eligible for Medicare, SecureHorizons is here to help! We can help you understand all your options and make sure you are getting the most out of Medicare.

5.5.3 Competitive MA

Health care can be complex — we're here to help. Not only do we provide coverage for your health care, but we can help make sure you get the right care to meet your needs.

Regardless of your current situation, if you are eligible for Medicare, SecureHorizons is here to help! We can help you understand all your options and make sure you are getting the most out of Medicare.

5.6 SecureHorizons Brand Messages

For over 25 years, SecureHorizons has focused exclusively on senior health care and on designing health plans specifically for people with Medicare.

SecureHorizons health plans are from UnitedHealthcare — the company with more Medicare Advantage members nationwide than any other company.

Over 1.3 million people with Medicare across the country have SecureHorizons plans for their health care coverage.

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Focused on senior health and health care plans for people with Medicare.

Through our dedication and commitment to serving people with Medicare, we have designed SecureHorizons health plans with your needs in mind.

In the early 1980s, the U.S. government introduced Medicare managed care plans (now called Medicare Advantage). SecureHorizons was one of the first to offer this type of plan.

5.7 AARP Brand Messages (also controversial—I will show to ASI on Monday 9/29 when they're here)

Note: These apply *only* to AARP[®] MedicareComplete[®] (HMO) plans.

These are the MedicareAdvantage plans with the AARP[®] name.

You can feel confident in your choice, knowing that we are held to the AARP[®] standard for clear communication, high quality and good value.

Learn more about AARP[®] MedicareComplete[®] from SecureHorizons — the Medicare Advantage health plan with the respected AARP name.

Health and prescription drug coverage all from one convenient plan. The one with the AARP[®] name.

Held to a higher standard — the AARP[®] standard for high quality and good value.

Feel comfortable knowing AARP[®] monitors our plans to ensure that they provide a good value and high quality.

Working together, AARP[®] and UnitedHealthcare strive to offer affordable, comprehensive health care coverage to meet the needs of their members.

5.8 Approved copy for Web Key Messages

5.8.1 General

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Visit <URL>.

5.8.2 General Web Site Reference (to include with toll free and TTY numbers)

E-mail capture

When collecting e-mail addresses, please include an opt-in statement along with the e-mail request field. (See examples below.) This opt-in statement is required, and if it is not included, we cannot communicate with the prospect or member via e-mail.

5.8.3 Options for Opt-in Statement

Please send me plan updates and information (if this is by the e-mail address field).

Would you like to receive e-mail updates or promotions from the SecureHorizons Medicare Advantage Plans?

Please e-mail me plan information and updates.

5.8.4 Web Messaging Acquisition

Finding a Medicare Advantage plan has never been easier. Get started at <URL>.

View plans and pricing, compare coverage, enroll in a plan, and locate network pharmacies with our online tools.

You can enroll in <Plan Name> online. Visit <URL> today.

Once you become a plan member, you can:

- *Look up drugs, find generic equivalents and review formulary updates. <or> Look up drugs and see what you could save by using generics.*
- *Locate the network pharmacy closest to you and map locations.*

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- *Print or order plan forms and materials. <or> View or print other plan materials.*
- *Learn how to save money with your Preferred Mail Service Pharmacy.*
- *Have questions about Medicare Advantage? Find the answers at <URL>.*
- *Get plan details by using view plans and pricing tool*
- *Locate physicians and facilities or network pharmacies in your area.*
- *[Search the drug list or view a complete formulary (drug list).]*
- *Send comments and questions using an online form.*
- *Learn about medical management guidelines.*
- *Get information on Medicare Savings benefits. SecureHorizons partners with a private company called Social Service Coordinators (SSC). This partnership gives you access to a range of services that can provide help with your [out-of-pocket prescription drug expenses,] Medicare premiums, utility discounts, telephone discount and more.*
- *Find out if you qualify for financial assistance. SecureHorizons is reaching out to the millions of Medicare beneficiaries with limited incomes and resources. Various federal, state and local community programs can provide financial assistance to those who qualify.*
- *And much, much more.*

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5.8.5 Web Messaging Retention

- *Go to <URL> to find out which generic and lower-cost options are covered by your plan.*
- *Visit us at <URL> to locate the network pharmacy closest to you.*
- *Learn how to save money with your Preferred Mail Service Pharmacy.*
- *Managing your Medicare Advantage plan has never been easier. Register at <URL> today!*
- *Choose generics or the prescription mail-order service and save.*

5.9 Approved General Product Information

5.10 Approved Copy for How We Explain UHC and Medicare in our Materials

5.11 Approved Copy for Low Income Audience

You may be able to get extra help from Medicare to pay for your drug premiums and other plan costs. You can qualify if you are single and your income is less than \$15,600 a year, or if you are married and living with your spouse and your income is less than \$21,000 a year.

To find out if you qualify for extra help, call Medicare at 1-800-MEDICARE (1-800-633-4227), TTY 1-877-486-2048, 24 hours a day, 7 days a week.

You can also call the Social Security Administration at 1-800-772-1213, 7 a.m.–7 p.m. local time, Monday–Friday (TTY 1-800-325-0778). For more information and assistance you can also call your state Medicaid office.

Remember, even if you don't qualify for extra help from Medicare, you can still enroll in a Medicare Advantage plan.

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5.12 CTA Messaging

5.12.1 Acquisition

There are three easy ways to enroll: online, by mail or you can call by phone to arrange an appointment with one of our licensed insurance agents.

Call SecureHorizons today to reserve your spot or for more information about your health plan options.

Learn about your Medicare options at any of these FREE seminars provided through SecureHorizons® health plans.

Learn how to complete your Medicare coverage. Respond today.

Get the helpful information you need to make the right choice.

Comment [a1]: Several approved copy lines were edited to become fragment sentences.

5.13 Approved Copy for Portfolio Marketing

As one of the nation's largest providers of Medicare health plans and supplemental coverage, UnitedHealthcare can help make your decision easier.

Our Medicare Advantage Plans improve the health and well-being of millions of Americans.

Now you can rely on a range of Medicare solutions to help meet your changing healthcare needs — without changing the trusted relationship that goes with it.

UnitedHealthcare will take the time to understand your needs and help you find a solution that is right for you.

We don't offer just one kind of plan or one kind of coverage. You can choose from several different types of coverage to find the health care coverage that fits your needs.

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5.13.1 MA Messaging

Your needs may change but your health insurer doesn't have to. Call UnitedHealthcare at [1-800-961-9344], [TTD/TTY: 711], [8 a.m. –8 p.m. local time, 7 days a week], to explore your Medicare coverage options.

In addition to the coverage from your [Plan Name], UnitedHealthcare offers a family of Medicare solutions to help you get the most from your Medicare coverage.

Learn about other Medicare Advantage Plans in your area. Whether you are looking for additional benefits like vision, dental or fitness or a plan that offers more flexibility in the doctors and hospitals you need, we may have the plan that's just right for you. Some plans also provide special coverage for people that have certain chronic conditions, need financial assistance, or live in a nursing home.

Find out about Solutions for Caregivers — assistance and resources for family members so they can take care of themselves and better assist the one they are caring for.

Call toll free 1-800-961-9344, TTY/TDD: 711, 8 a.m.–8 p.m. local time, 7 days a week, to learn about your coverage options

If you do not wish to receive communications about other health-related businesses from UnitedHealthcare please let us know by calling 1-800-961-9344, 8 a.m.–8 p.m. local time, 7 days a week. TTY/TDD users, call: 711.

5.13.2 MA Version

Your needs may change but your health insurer doesn't have to. Call UnitedHealthcare toll free at [1-800-961-9344], [TTY: 711], [8 a.m.–8 p.m. local time, 7 days a week], to explore your Medicare coverage options.

In addition to the coverage from your [Plan Name], UnitedHealthcare offers a family of Medicare solutions to help you get the most from your Medicare coverage.

Learn about other Medicare Advantage Plans in your area. Whether you are looking for additional benefits like vision, dental or fitness, or a plan that offers more flexibility in the doctors and hospitals you need, we may have the plan that's just right for

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you. Some plans also provide special coverage for people that have certain chronic conditions, need financial assistance, or live in a nursing home.

Find out about Solutions for Caregivers — assistance and resources for family members so they can take care of themselves and better assist the one they are caring for.

Call toll free 1-800-961-9344, TTY: 711, 8 a.m.–8 p.m. local time, 7 days a week, to learn about your coverage options. If you do not wish to receive communications about other health-related businesses from UnitedHealthcare, please let us know by calling 1-800-961-9344, 8 a.m.–8 p.m. local time, 7 days a week. (TTY users, call: 711).

5.14 Approved Copy for Group Retiree

5.15 Approved Copy for Provider

5.16 Approved Copy for Prescription Solutions MAPD

5.17 Approved Copy for BRC

5.18 Approved Copy for Member Retention

5.19 OEP Messaging

5.19.1 Switcher Messaging

No premium increase [for 2009]. Can your plan do that?

Don't pay more — get more. See how our plan provides full coverage when you need it most.

Feeling like you're not getting the most out of Medicare? There's still time to switch plans.

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Feel confident in your choice. Switch to the company with more Medicare Advantage members nationwide than any other company.

Not satisfied with your current plan? You have until March 31, 2009, to enroll in the plan that's right for you.

Find out how we've made health care easier.

Find out how we've made health care more affordable.

Worried about your current health care plan? Our Medicare Advantage plans are worry-free.

5.19.2 Positioning Against Medigap

Compared to Medigap, \$0 Medicare Advantage plans allow you to save money on your monthly premiums and pay for a share of the cost for doctor and hospital services only when you use them.

Why stay with Original Medicare or pay high premiums for a Medicare supplement plan? With the cost of everything going up these days — from gas to groceries — AARP® MedicareComplete® is one of the best values around.

Medicare Advantage plan rates are not based on age.

Our premiums are generally less than those of supplemental health insurance plans.

We provide additional benefits not covered by supplemental health insurance plans.

Combine your hospital, doctor and drug coverage into one simple, comprehensive plan.

Our Medicare Advantage plans are fully compatible with most Medicare plans.

5.19.3 Low Income

We can help you understand all your options and make sure you get the most out of Medicare, no matter what your level of income.

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Affordable health care coverage designed for all levels of income.

You may be able to get extra help to pay for your drug premiums and other plan costs. You can qualify if you are single and your income is less than \$15,600 a year, or if you are married and living with your spouse and your income is less than \$21,000 a year.

5.19.4 Doctor Network — HMO Positive

Our extensive network of doctors ensures you get the highest quality of health care available.

Our network of doctors and hospitals provides you with the ease and flexibility to receive personalized health care from those you trust the most.

With AARP® MedicareComplete®, you can choose from any primary care physician who's in your plan's network.

5.19.5 Network Specific Messages

Localized messages that call out specific hospitals and clinics are included in the network.

Get the coverage you need from those you trust the most.

5.19.6 Personalized Quote

By calling SecureHorizons today, we can design a plan to fit your needs.

Call today for a promotional quote and we will:

- Check to see if your doctor is in the network.*
- Check to see if your drugs are covered.*
- Recommend a plan that is best for you.*

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5.19.7 New Medicare Law (MIPPA)

What you need to know about the new Medicare law.

We make sure our members stay informed.

We keep you in the loop when it comes to changes in Medicare law.

We keep you up to date on Medicare laws that could affect your plan.

5.19.8 OEP Message Testing

5.20 Top Thirty Plan Benefits (By Region)

The following list is a quick “snapshot” of the top messages regarding specific plan benefits, such as premiums and coverage. These messages can be used in developing product- or market-specific marketing communications regarding plan benefits.

5.20.1 Premium

- [Now offering] [affordable] Medical and prescription drug coverage [starting at a] [for a] \$0 monthly health plan premium.
- [\$0] [low] [predictable] monthly health plan premium.
- [\$0 premium,] [\$0] [\$X] [low] [predictable] PCP and [\$0] [\$X] specialist copayments.

5.20.2 Rx Drugs

- [New for 2009] [financial security] [unlimited] coverage for [generic] [brand name] [generic and brand-name] drugs through the coverage gap [means less money out of your pocket for prescription drugs].

5.20.3 Vision, Hearing, Dental, Annual Exams

- [New for 2009:] [\$X] Annual Physical Exams [and important health screenings and immunizations].
- [New for 2009:] Free transportation provided for doctor's visits [— up to [X] one-way or [X] round trips per year].

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- Comprehensive vision, hearing and dental benefits for a low monthly cost.
- Comprehensive [vision] [and] [hearing] coverage: [[$\$X$] for glasses] [and [$\X] allowance for hearing aids].
- [New for 2009:] Coverage for [routine] [vision,] [hearing,] [and] [podiatry] [,and dental] care [and transportation].
- [New for 2009:] [Chiropractic,] [Acupuncture,] [In-Home Recovery Benefit,] [Massage Therapy Benefits] [and] [Transportation].

5.20.4 Programs (SilverSneakers, Advance to Wellness, Passport)

- Passport Program that provides you with access to most of your covered health care services when you travel*.
- Worldwide coverage [for urgent and emergency care].
- [New for 2009:] Free [Advance to Wellness Program which includes a] [SilverSneakers[®]] fitness center membership that offers health and fitness classes.
- Advance to WellnessSM program that uses Personal Health Coaches to help you lead a healthy lifestyle.
- Health and well-being focus: SilverSneakers[®] gym membership, no copays for annual physical exams and coverage for routine preventive screenings.
- [New for 2009:] 24-Hour Nurse Line.

5.20.5 Network

- [Choice:] [One of the most comprehensive] [extensive] network[s] of doctors, hospitals, and specialists in [your neighborhood] [city] [state] [on the Front Range]: [Now includes name of hospital or provider group] [Including many of <“Dallas Best”>].
- [Flexibility:] Access to our local physicians and hospitals plus the added freedom to visit doctors outside our network [anywhere in the country].
- Freedom to see any doctor who accepts the plan’s terms and conditions.
- [New for 2009:] Plan members are allowed access to services at [facility name] [and facility name] through our point-of-service benefit.

5.20.6 Open Access/ Referral

- Open Access: No referrals required to see a specialist.

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5.20.7 Medicare Name/Stability

- The strength of the largest Medicare Advantage health plan provider in [State].
- [Strength and stability:] [Trust:] [SecureHorizons is the largest Medicare Advantage plan in the nation —] Proud to serve [over XXXX] Medicare beneficiaries in [City/State/Area] since [Year].

5.20.8 Costs/ Copays

- [New for 2009:] [\$X] [low] copayments for primary care [and specialist] office visits [, with no referrals required.]
- [New for 2009:] [\$X] [low] [predictable] copayment per hospital admissions.
- [New for 2009:] [\$X] [low] [predictable] copayments for certain mail order drugs.
- \$0 copayments for most covered services.
- [New for 2009:] Out-of-pocket maximums to help limit your total annual health care expenses.
- No plan deductibles.

Section 6

Visual Elements

6.0 Visual Element for AARP MedicareComplete from SecureHorizons

6.0.1: Logos (including Medicare Solutions section)

6.0.2: Category Icons

6.0.3: Dynamic Wave

6.0.4: Typography

6.0.5: Color

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6.0.6: Photography

6.1 Visual Elements for MedicareComplete from SecureHorizons and SecureHorizons Medicare Direct

6.1.1: Logos (including Medicare Solutions section)

6.1.2: Category Icons

6.1.3: Dynamic Wave

6.1.4: Typography

6.1.5: Color

6.1.6: Photography

Section 7

Copy Style

7. 0 Style Guides

We follow the latest edition of *The Associated Press Stylebook and Briefing on Media Law*. This easy-to-use reference book shows you when to use such confusing words as assure or ensure; raised or reared; and carat, caret or karat. It has an A-to-Z listing of words and phrases so you can determine when a word is hyphenated, how to spell challenging words, and when to capitalize certain trademarked names, such as Frisbee. It also has a section on punctuation.

If you can't find a reference in that guide, use the *American Heritage College Dictionary*. Do not use the *Merriam-Webster Dictionary*, as it often contradicts *American Heritage*. If *AP* and *American Heritage* contradict each other, always go with whatever the *AP Stylebook* recommends. For example, the *American Heritage College Dictionary* prefers the closed form website, but the *AP Stylebook* prefers Web site — so we use the latter.

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7.1 Copy Conventions

7.1.1 Abbreviations and Acronyms

Minimize acronyms and abbreviations in narrative text. Do not use Latin acronyms such as e.g. and i.e.

Use a.m. and p.m.

Use ET rather than EST for Eastern time zone (per UHG External Print Style Guide), and CT for Central Time. But do not use these abbreviations for Medicare or Social Security hours; just state their hours.

Use PO Box rather than P.O. Box (in envelope addresses).

Use % rather than spelling out percent.

Use U.S. rather than US for the abbreviation of United States. Use United States as a noun, U.S. as an adjective. For headlines, use US (new AP rule beginning 2007).

Use full spelling of months, not the abbreviation: February, not Feb.

7.1.2 Boldface and Italics

Determination on using boldface for style or emphasis will be made by the writer on a case-by-case basis.

Contact phone numbers, including toll-free numbers, are always in **boldface** unless otherwise specified by client. Angle brackets around the phone numbers are also in boldface. For example:

<**1-800-718-5219**>

Italicizing for emphasis or style, while generally avoided, is also at the discretion of the writer.

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7.1.3 Capitalization

Titles or headings should have each significant word capitalized. This applies to headings in chart rows too. See 5.2.5 on formatting headings. Exception: Very long headings call for subhead-style capitalization (see below). Lowercase all prepositions and conjunctions of three or fewer letters and the words: a, an, the. In the rare case when emphasis is placed on a conjunction or preposition of three or fewer letters, it may be capitalized.

In subheads, the first word should have an initial cap, and subheads should end with a period.

In bulleted items, the first word should have an initial cap. Bulleted items should have a period at the end unless they are in a callout box, in which case omit the period.

Nonheading chart copy should have the first word capitalized and end with a period. For example: No coverage.

In the full (proper) name MedicareComplete Plan, the “p” in Plan is capitalized. In the phrase Medicare Advantage plan, Medicare Advantage is always capitalized, but plan isn’t unless it appears in a title or heading.

The “F” in Federal government must stay capitalized in disclosures or contracting statements (anything from CMS) per the UHG Legal Department, even though it is nonstandard usage.

Capitalize the following terms in body copy:

Annual Election Period (AEP)

Annual Notice of Change

UnitedHealthcare Customer Care

UnitedHealthcare Customer Care Associates

Medicare Advantage plans

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Other terms to note:

health care (two words)

7.1.4 Footnotes and Disclosures

Whenever possible, footnotes should be numbers rather than symbols. Footnote numbers should always be superscripted and, if they occur at the end of a sentence, should be placed outside the period. (To create the superscript, use the InDesign superscript feature to maintain the typographic relationship to the word.) Footnotes should come before disclosures at the end of body copy and should be numbered consecutively. Separate one footnote or disclosure from another with a line space. See 5.6 for disclosure copy.

7.1.5 Formatting for Headings

This formatting applies to external materials. Headlines should be in title case, using an “up style” of capitalization. Lowercase all prepositions and conjunctions of three or fewer letters and the words: a, an, the. Use a period at the end of headlines, except when headlines are one or two words. Use a question mark or exclamation point if needed. Subheads should include periods and other punctuation as needed at the end. See 5.2.2 on the use of boldface, 5.2.3 on capitalization and 5.3.3 on the use of commas and periods.

7.1.6 Numbers

Spell out numbers from zero to nine, except for dates, hours and money amounts. For consistency, when numbers under and over nine are used in the same context, use figures for both. Hence, write 7 days a week if 24 hours a day appears with it. Use figures for numbers 10 and above. (Exception: A higher number can be spelled out if it has been used that way previously in official or already-published documents.)

Use first, second and third for ordinal numbers, not 1st, 2nd or 3rd.

Do not begin a sentence with a figure.

Phone numbers: The UHC Print Style Guide states that area codes should be enclosed by parentheses, but United Health Group separates the area code and the other elements of phone numbers with hyphens.

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7.1.7 Formatting URLs

Put Web addresses in nonitalicized and Pascal case, to help distinguish from surrounding text.

For example: www.AARPMedicareComplete.com

www.SecureHorizons.com

www.UHCMedicareSolutions.com

When a sentence ends with a Web address, place a period in roman font after the URL. Do not allow Web addresses to break. Use *visit* rather than *log on to* when referring to Web sites.

7.1.8 Referring to the Plans

AARP MedicareComplete, SecureHorizons, MedicareComplete and UnitedHealthcare can never be hyphenated. When possible, avoid breaking the plan names and the phrase Medicare Advantage across two lines of text.

7.1.9 Formatting Contact Information

Contact information for AARP MedicareComplete from SecureHorizons

Call SecureHorizons toll free: <1-800-576-5895>

TTY: 711 Or TTY users, call: 711

<8 a.m.–8 p.m. local time, 7 days a week>

Visit us at: <www.AARPMedicareComplete.com>

In body copy:

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Call toll free: <1-800-576-5895>, <8 a.m.–8 p.m. local time, 7 days a week>. TTY users, call: 711. Or visit: <www.AARPMedicareComplete.com>.

Contact information for MedicareComplete from SecureHorizons and SecureHorizons MedicareDirect.

In subheads:

Call SecureHorizons toll free: <1-800-576-5895>

TTY users, call: 711

<8 a.m.–8 p.m. local time, 7 days a week>

Visit us at: <www.SecureHorizons.com>

In body copy:

Call toll free: <1-800-576-5895>, <8 a.m.–8 p.m. local time, 7 days a week>. TTY users, call: 711. Or visit: <www.SecureHorizons.com>.

Signature on materials for all products:

A UnitedHealthcare Medicare Solution

Placement: bottom of call-to-action just before legal copy; make sure placement is always below and on opposite side of any product logo on page.

Contact information call-to-action statement:

Follow the same format as 7.1.9, but with a few additional rules. If the hours mention “a.m.” or “p.m.” or time zone, here is how it should appear:

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8 a.m.–8 p.m. local time, Monday–Friday

Note:

It's 8, not 8:00.

Use an en dash between numbers (to express a time range).

Use an en dash between the words “Monday” – “Friday”, because they also denote a time range.

Do not use periods in ET.

Format for alternate call-to-action statement:

You can use the following format in marketing materials if you are consistent throughout all materials for that plan:

From 8 a.m. to 11 p.m. ET, Monday through Friday.

Note:

You cannot use “from” and then use a dash later in place of “to”. You must use either the two words or an en dash.

The word “through” is used because the words “from” and “to” are used in the previous phrase.

Do not put a period at the end of hours and days in a call-to-action line, but do end with a period if the hours and days information occur in a sentence.

7.1.10 Required Phrasing

7.1.11 Spelling

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Following are examples of “open” and hyphenated spellings to use, according to the *AP Stylebook*:

brand name (for noun); brand-name (for adjective)

co-branding

e-commerce e-mail (rather than email)

extended day supply

e-zine

fee-for-service (adj.), (as in “private, fee-for-service”)

health care

home page

in-network

lock-in statement

long-term (adj.) but longtime

mail order (noun); mail-order (adj.)

Medicare-eligible

non-health-related services (use two hyphens)

non-preferred

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out-of-network (adj.)

peace of mind (not piece of mind, no hyphens)

post-enrollment

pre-enrollment

preferred generic

sub-network

toll free (adj. or adv.)

Web site (rather than website or web site)

well-being

ZIP code (noun) (rather than zip code or zipcode)

The following closed forms, however, are preferred and should be used:

coinsurance (only form prescribed by both major dictionaries)

copay

nonprofit

Spell out the word “and” rather than use an ampersand.

7.2 Punctuation

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7.2.1 Apostrophes

Do not use apostrophes for plurals of abbreviated nouns; e.g., PDPs rather than PDP's. (However, "p's and q's" and "dot your i's and cross your t's.") But "CMS's plan" is correct because it shows possession. Do not use an apostrophe with the possessive pronoun *its*; only *it's* (contraction of *it is*) uses an apostrophe.

7.2.2 Angle Brackets and Brackets

Angle brackets are often used to indicate variable information such as plan names, state names, phone numbers, hours, Web site addresses and dollar amounts. Their usage is determined by UnitedHealthcare on a case-by-case basis. However, there are specific guidelines for both 5-day and 45-day file requirements.

5-day file requirements

Do not use angle brackets or brackets. Instead, use the following placeholders:

John Doe ABC Company

123 Main Street

1-555-123-4567

Date

Time

Hours of operation

45-day file requirements

Brackets and angle brackets may be used:

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<Name>

<Address>

<1-XXX-XXX-XXXX>

<www.SecureHorizons.com/xxx>

<\$X.XX>

<PDPXXXXXXXX 000>

Use angle brackets around plan names when creating a template:

<AARP MedicareComplete from SecureHorizons>

Use brackets only on variable text in versioned documents.

Template materials are marketing materials that contain [brackets] and <angle brackets> around variable elements such as copayments/coinsurance, Plan Name, dates/meeting events, benefits, premiums, etc., which are later populated with plan specific information.

7.2.3 Commas and Periods

Use commas to separate elements in a series, but not before the conjunction in a simple series. For example, “with affordability, predictability and peace of mind” (no comma after predictability). Do use a comma before the conjunction if it is followed by an element containing another conjunction. For example, “Access the information, programs, and physicians and health care professionals.” (Two ands on either side of physicians is confusing, and the added comma helps provide clarity.)

Do not put a comma before parentheses. If one is needed, it should appear after the parentheses because parenthetical insertions are related to the text preceding them.

Comment [h2]: I would recommend adding this statement: Template materials are marketing materials that contain [brackets] and <angle brackets> around variable elements such as copayments/coinsurance, Plan Name, dates/meeting events, benefits, premiums, etc., which are later populated with plan specific information (FYI – [brackets] are preferred for any variable information).

Comment [a3R2]: Would you like us to change all <angle brackets> to [brackets]?

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Periods and commas always go inside quotation marks. (This is American English usage; British English places punctuation outside the quotation marks, unless it is part of the quote.)

Use a period at the end of each line in a bulleted list, unless the list is in a callout box.

7.2.4 Forward Slash

Avoid in body copy. Use “and” or “or” instead, depending on the intended meaning. If the slash must appear, there should be no regular-size space before or after it. However, a thin space before and after can be used. An exception is if the slash separates compound terms, such as Merry Christmas / Happy Hanukkah, in which case, regular-size spaces should surround it.

7.2.5 Hyphens and Dashes

- Use a hyphen between adjectives that modify a noun (especially if they’re followed or preceded by additional adjectives). For example, one-week drive; postage-paid envelope; expensive, brand-name drugs; predictable, simple-to-use prescription drug coverage.
- Adverbs ending in “ly” do not use a hyphen: e.g., a properly designed plan. For adverbs not ending in “ly”, use a hyphen: e.g., a well-designed plan.
- Use a hyphen to clarify the meaning of words that could otherwise be confusing. For example, re-cover vs. recover; re-creation vs. recreation. Use a hyphen at the end of a printed line of text to show that a divided word continues on the next line. If the word being divided already includes a hyphen and just happens to fall at the line’s end, use only one hyphen at the line’s end.
- Use a hyphen to separate sections in phone numbers: 1-800-621-2376.
- Do not confuse the hyphen symbol with the mathematical minus sign; they are slightly different. Likewise, do not use angle brackets (those surrounding URLs in text, for example) in place of mathematical signs for less than and greater than (< >).
Note: In the Corporate typeface, en dashes and em dashes are both very short and can easily be confused with hyphens.

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- Use an en dash (–), the equivalent of two keyboard hyphens, to show a range of numbers or dates. Examples: 1920–1930, 8 a.m.–11 a.m., and Tiers 1–3. The en dash is also used with words (such as Monday–Friday) when the words clearly reflect a range in time. Or, use “from,” “to” and/or “through” to avoid the problem.
- Use an em dash (—), the equivalent of three keyboard hyphens, to indicate a break in thought or sentence structure; to introduce a phrase added for emphasis, definition or explanation; to separate two clauses; or to set off parenthetical ideas, especially those containing internal punctuation. The em dash should always have one space on either side (per UHC External Print Style Guide).

Note: CMS uses the en dash in place of the correct em dash after a heading and before subsequent information where one could also use a colon (e.g., Instructions for Section 1: Beneficiary Information Section). CMS usage: Instructions for Section 1 — Beneficiary....

Keyboard Shortcuts for Dashes:

- For an em dash: Shift+Option+- (dash/underscore in numbers row on keyboard). Or, you can go to the Type drop-down menu, select Glyphs, double-click the em dash in the window.
- For an en dash: Option+- (dash/underscore in numbers row on keyboard). Or, you can go to the Type drop-down menu, select Glyphs, double-click the en dash in the window.

7.2.6 Registered Mark (®)

The full plan name “AARP® MedicareComplete® from SecureHorizons” should be used in the beginning of every piece.

If a logo with the registered marks appears in the piece, the registered marks must be inserted upon the first appearance of the full plan name in the body copy.

If there is no logo in the piece, the registered marks must be inserted upon the first two appearances of the full plan name in the body copy.

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When SecureHorizons is used as a noun in a sentence, it is considered a trade name and does not require a superscripted ® (registered trademark symbol).

Trade Name: SecureHorizons is committed to Seniors and all Medicare beneficiaries

When SecureHorizons is used as an adjective in a sentence, it is considered a trademark and does require a superscripted ® (registered trademark symbol).

Trademark: SecureHorizons® health plans have predictable costs.

Section 8

Legal Disclosures and Trademarks

8.0 Legal Disclosure Copy and Format

8.1 Type Rules

All copy or correspondence should contain a legal disclosure to secure the corporate trademark status and to comply with the CMS regulation requiring that the minimum type font size in marketing materials be equal to 12-point type in Times New Roman.

Legal disclosure copy for SecureHorizons only should appear in ITC Garamond Condensed at a minimum of 12-point type. Leading should be solid to +2 points and equal to the majority of the document.

The disclosure copy should be reproduced in 100% Black or as a full reverse in a background color or solid photo field greater than 75% total density.

8.1.2 SecureHorizon® Plans Advertising Disclosure Copy

When there is NO benefit, premium or Rx information, use the following disclosure:

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SecureHorizons® Medicare Advantage plans are offered by UnitedHealthcare Insurance Company and its affiliated companies, Medicare Advantage Organizations with a Medicare contract.

When benefits, premiums or Rx information ARE mentioned, use the following disclosure:

SecureHorizons® Medicare Advantage plans are offered by UnitedHealthcare Insurance Company and its affiliated companies, Medicare Advantage Organizations with a Medicare contract. Limitations, copayments and coinsurance may apply. Benefits may vary by county and plan.

8.1.3 CMS and Component Codes

CMS and Component Codes should be applied to all CMS-filed copy and correspondence, in opposite bottom corners. The CMS Code is generated by CMS when a copy deck is approved.

The Component Code is generated by the Stellent document management program when a project is initiated.

For consistency, wherever possible, the CMS Code should be placed in the lower left corner, away from other codes or copy, and the Component Code should be placed in the lower right corner. Both codes should be a minimum 12-point type. We prefer using the sans serif font for codes to clearly offset them from the disclosure text.

8.2 Using and Protecting the SecureHorizons® Name

Our intellectual property rights — including the registered names of our plans, products and services — are among our most valuable assets. By using the SecureHorizons® trademark correctly and consistently in all internal and external materials, employees can help strengthen these brands and protect our unique identity.

Here's an explanation of how trademarks work and how to use the SecureHorizons names appropriately, followed by some key “dos” and “don'ts” to keep in mind when describing our organization and plans. In addition to these guidelines, please make sure that you familiarize yourself with, and comply with the SecureHorizons Brand Guide.

8.2.1 The Importance of Trademarks

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A trademark is a word, phrase or symbol that identifies the source of the good or service and describes the level of quality that can be expected from a particular good or service. It is *essential* to protect our trademarks because we want everyone to recognize the value that comes from SecureHorizons. If our trademarks are used inappropriately, we can unintentionally dilute and weaken our brand. While a brand may be broader than a trademark, at its core, the SecureHorizons brand is a trademark. It is important that we recognize the overall value of the SecureHorizons trademark as a brand. We must be thoughtful and diligent about how we use and present SecureHorizons when writing copy for any communication.

There are many examples of once-powerful brands that lost their status when they weren't properly protected. For example, "zipper" used to be a valuable trademark, describing a specific type of fastener. Since it was used improperly as a noun, rather than an adjective to describe the product, it lost its trademark status. Today, anyone has the right to use the word "zipper." Other examples include Aspirin, Kerosene, Thermos and Escalator, which were once trademarks but ultimately became generic names when they were used incorrectly and left unprotected.

8.2.2 Describing SecureHorizons

Our top priority is to build equity in the SecureHorizons brand through the proper use of "SecureHorizons" as a trademark. From time to time, it may be appropriate to describe SecureHorizons as a trade name since it operates as a business unit within Ovations. But trade names are not easily protectable and the ongoing use of SecureHorizons as a trade name, rather than as a trademark, will not increase the value of the brand (as used as a mark will) and may dilute the value of the SecureHorizons trademark.

8.2.3 Naming Do's and Don'ts

While trademarks can seem complex, there are really just a few simple "dos" and "don'ts" to remember when you use the SecureHorizons name:

- **Do use trademarks as adjectives.** Trademarks *describe* a product or service and should always be used as an adjective to modify the noun, which is the actual product or service.

You should always attempt to present SecureHorizons as a trademark, which means that it is used as an adjective describing a service that SecureHorizons provides. Examples of appropriate use include:

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- SecureHorizons® plans have prescription drug coverage
- AARP® MedicareComplete® from SecureHorizons plans have no monthly plan premiums.
- More than 1.4 million seniors have SecureHorizons® health care coverage. SecureHorizons® coverage is available to anyone on Medicare.
- SecureHorizons® Medicare Advantage plans provide coverage for over 1.4 million Medicare beneficiaries.

A partial list of possible nouns include:

- Health Plan
- Plan
- Product
- Program
- Network, Providers (that are in the network)
- Plan, Program
- Directory (of providers)

Whenever possible, you should use SecureHorizons as a trademark two (2) times on every page. This is particularly important when you also use SecureHorizons as a tradename (noun).

When you refer to AARP® Medicare Complete® from SecureHorizons, you should not use a ® following SecureHorizons, except in the logo.

- **Do set out trademarks from other text, where possible** – Trademarks can be strengthened by distinguishing them from other words in printed materials. You can do this by capitalizing the trademark, using quotation marks, or through italics, bold type or contrasting colors.
- **Do ask for help, if you're unsure of how to use the "SecureHorizons" name** – For more information about SecureHorizons branding and naming, contact Christine Thompson in SecureHorizons Marketing
- **Do use "®" when using AARP, MedicareComplete, or SecureHorizons as a trademark** – The United States Patent and Trademark Office has issued a federal registration for the marks AARP, MedicareComplete and SecureHorizons. It is important to also identify these terms with a "®" when using them as a trademark. If possible, use the "®" every time you use

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the terms as the trademark (brand) but, at a minimum, use it in the first and most prominent place on each page of text. It is not necessary (or correct) to use a “®” when using the terms as a trade name, or when it precedes a noun that doesn’t refer to products or services of AARP, MedicareComplete or SecureHorizons, respectively.

- **Don’t refer to SecureHorizons as a company** – While SecureHorizons may be referred to as a business unit, it should not be referred to as a “company” or “corporation” or similar reference since these terms have specific legal connotations. There are times when it may be preferable to present SecureHorizons as a business within Ovation, which is commonly referred to as a tradename. We should minimize the number of times SecureHorizons is presented as a tradename. Indeed, we must never use SecureHorizons as a tradename unless we use SecureHorizons as a trademark (as an adjective) on at least two separate occasions on the page that SecureHorizons is to be presented as a tradename. Examples of SecureHorizons as a tradename are: “SecureHorizons believes life begins at 65...” and “SecureHorizons is focused on health and well-being...”
- **Don’t use a trademark as a noun** – A trademark is not an actual product or service or business division; using it as a noun can make the trademark generic and ultimately lead to losing the protected trademark status.
- **Don’t shorten or change a trademark** – A trademark should be used consistently and precisely as stated in a trademark registration. For example, SecureHorizons should not be referred to as “SH” or “Horizons”. SecureHorizons should not be combined with MedicareComplete, which is a separate trademark, except for “SecureHorizons MedicareDirect”, which is the PFFS plan name.

8.3 Sample Disclaimers

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Advertising Material	Disclaimer(s)
Medicare Advantage (MA only) and Medicare Advantage with Prescription Drug (MA-PD)	
<p>Advertising: When there is <u>no</u> benefit, premium, or Rx information.</p>	<p>NOTE FOR ADVERTISING MATERIALS: Contracting disclaimer not required on banner ads, banner-like ads, and outdoor advertising. – Excludes AARP® MedicareComplete® / AARP® MedicareComplete Rx Plans.</p> <p><u>SECUREHORIZONS® PLANS</u></p> <p>SecureHorizons® Medicare Advantage plans are offered by United HealthCare Insurance Company and its affiliated companies, Medicare Advantage Organizations with a Medicare contract.</p> <p><u>AARP® MEDICARECOMPLETE® / AARP® MEDICARECOMPLETE® RX PLANS</u></p> <p>The AARP® MedicareComplete® plans are SecureHorizons® Medicare Advantage plans insured or covered by an affiliate of UnitedHealthcare, an MA organization with a Medicare contract. AARP is not an insurer. UnitedHealthcare pays a fee to AARP and its affiliate for use of the AARP trademark and other services. Amounts paid are used for the general purposes of AARP and its members. The AARP® MedicareComplete® plans are available to all eligible Medicare beneficiaries, including both members and non-members of AARP. [AARP and the AARP Logo are trademarks or registered trademarks of AARP. The SecureHorizons® and MedicareComplete® marks are trademarks or registered trademarks of United Healthcare Alliance, LLC and its affiliates.]</p> <p>AARP does not make health plan recommendations for individuals. You are strongly encouraged to evaluate your needs before choosing a health plan.</p> <p><u>AARP® MEDICARECOMPLETE® / AARP® MEDICARECOMPLETE® RX PLANS – BANNER AD</u></p>

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On Banner Ads, Banner-Like Ads, and Outdoor Advertising if space permits, given CMS restrictions on font size. For Internet Banner Ads, no disclosures are required on the ad itself as long as the disclosures are predominately featured on the web site that comes up if you click on the banner ad. It is permissible to include the disclosures in a link, but the link must be on both the home page and the enrollment page. The link should be prominently displayed:

These SecureHorizons® Medicare Advantage plans are insured or covered by an affiliate of UnitedHealthcare. AARP is not an insurer.

SECUREHORIZONS MEDICAREDIRECT™ PRIVATE FEE-FOR-SERVICE (PFFS) PLAN

SecureHorizons MedicareDirect™, a Medicare Advantage Private Fee-For-Service Plan, is offered by United HealthCare Insurance Company or an affiliated company, a Medicare Advantage Organization with a Medicare contract. A Medicare Advantage Private Fee-For-Service plan works differently than a Medicare supplement plan. Your doctor or hospital is not required to agree to accept the plan's terms and conditions, and thus may choose not to treat you, with the exception of emergencies. If your doctor or hospital does not agree to accept our payment terms and conditions, they may choose not to provide health care services to you, except in emergencies. Providers can find the plan's terms and conditions on our Web site at: www.SecureHorizons.com

EVERCARE® PLANS

Evercare® Medicare Advantage plans are offered by United HealthCare Insurance Company and its affiliated companies, Medicare Advantage Organizations with a Medicare contract.

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<p>Advertising: When benefits, premiums, or Rx information are mentioned</p>	<p><u>SECUREHORIZONS® PLANS</u></p> <p>SecureHorizons® Medicare Advantage plans are offered by United HealthCare Insurance Company and its affiliated companies, Medicare Advantage Organizations with a Medicare contract. Limitations, copayments and coinsurance may apply. Benefits may vary by county and plan.</p> <p><u>AARP® MEDICARECOMPLETE / AARP® MEDICARECOMPLETE® RX PLANS</u></p> <p>The AARP® MedicareComplete® plans are SecureHorizons® Medicare Advantage plans insured or covered by an affiliate of UnitedHealthcare, an MA organization with a Medicare contract. AARP is not an insurer. UnitedHealthcare pays a fee to AARP and its affiliate for use of the AARP trademark and other services. Amounts paid are used for the general purposes of AARP and its members. The AARP® MedicareComplete® plans are available to all eligible Medicare beneficiaries, including both members and non-members of AARP. [AARP and the AARP Logo are trademarks or registered trademarks of AARP. The SecureHorizons® and MedicareComplete® marks are trademarks or registered trademarks of United Healthcare Alliance, LLC and its affiliates.]</p> <p>AARP does not make health plan recommendations for individuals. You are strongly encouraged to evaluate your needs before choosing a health plan.</p> <p>Limitations, copayments and coinsurance may apply. Benefits may vary by county and plan</p> <p><u>SECUREHORIZONS MEDICAREDIRECT™ PRIVATE FEE-FOR-SERVICE (PFFS) PLANS</u></p> <p>SecureHorizons MedicareDirect™, a Medicare Advantage Private Fee-For-Service Plan, is offered by United HealthCare Insurance Company or an affiliated company, a Medicare Advantage Organization with a Medicare contract. A Medicare Advantage Private Fee-For-Service plan works differently than a Medicare supplement plan. Your doctor or hospital is not required to agree to accept the plan's terms and conditions, and thus may choose not to treat you, with the exception of emergencies. If your doctor or hospital does not agree to accept our payment terms and conditions, they may choose not to provide health care services to you, except in emergencies. Providers can find the plan's terms and conditions on our Web site at: www.SecureHorizons.com</p>
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	<p>Limitations, copayments and coinsurance may apply. Benefits may vary by county and plan.</p> <p><u>EVERCARE® PLANS</u></p> <p>Evercare® Medicare Advantage plans are offered by United HealthCare Insurance Company and its affiliated companies, Medicare Advantage Organizations with a Medicare contract. Limitations, copayments and coinsurance may apply. Benefits may vary by county and plan.</p>
<p>* Additional Language Requirements for Advertising</p>	
<p>Sales Meeting</p>	<p>A sales representative will be present with information and applications. For accommodations of persons with special needs at sales meetings, please call <number>, TTY: <number> (If customer service number, list hours of operation).</p>
<p>End of Year Benefit Changes Disclosure</p>	<p><i>{Effective October 1, 2007, must include a statement in the current contracting year marketing materials when advertising a current year benefit, formulary, pharmacy network, premium, or copayment that may or will change in the upcoming contracting year or whenever it accepts an election for a revised effective date in the current contracting year. The following model disclaimer may be used verbatim. If not used verbatim, additional regional office review and approval will be required.}</i></p> <p>“<[Insert any or all of the following, whichever is appropriate: Benefits, formulary, pharmacy, network premium and/or copayments/co-insurance may change on January 1, 2009. Please contact [insert Organization name] for details.]</p>
<p>Reference to study/statistical data</p>	<p>Include source and date of the study either in the text or as a footnote. Qualified superlatives (e.g., “one of the best” “among the highest ranked”) may be used. Absolute superlatives (e.g., “the best”, “rated number one”) may only be used if they are substantiated with supporting data.</p>

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Multi-Year Benefits	This benefit covers more than one year and it may be changed or terminated at the end of the calendar year. You will be notified in advance of any changes.
Product endorsement/ testimonial	<ol style="list-style-type: none"> 1. If individual is paid to promote a specific products, state “Paid endorsement” 2. If individual is paid to portray a real/fictitious situation, state “Paid actor portrayal” 3. Speaker must identify the product by name
Drawing/prizes/ giveaway	Must state, “With no obligation” when offering prizes, drawing, giveaways, etc.
Dual SNP material	Must clearly identify the eligibility requirements for the plan: “This plan is available to anyone who has both Medicaid from the state and Medicare.”
Radio Advertising	If piece is a Radio ad, include the Organization’s toll free number. They also do not have to mention the date on which CMS approved the script for the radio advertisement.
TV Advertising	TV ads must include Organization’s toll free number and TTY must be on crawl or banner. They also do not have to mention the date on which CMS approved the script for the radio advertisement.
Pharmacy Network	<ol style="list-style-type: none"> 1. If the number of pharmacies is included, list only those pharmacies available to plan members 2. If total number of pharmacies is used, delineate the number of preferred versus non-preferred pharmacies.
Broker Materials (Internal Use Only)	For Agent Use Only. This communication is not for distribution as a marketing material to the general public.

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<p>AARP Agent Statement</p>	<p><i>The following should be included in all enrollment applications and ‘agent’ pieces including: references to an individual sales agent or agency, a general reference to sales representatives or agents, or a reference to a community meeting or some other type of group sales event. This statement must be used verbatim and should appear after all other disclosures, separated by a line (so it clearly appears as a separate statement.)</i></p> <p>AARP and its affiliates are not insurance agencies or carriers and do not employ or endorse individual agents.</p>
<p>Erickson Advantage</p>	<p>Erickson Advantage® is a Medicare Advantage demonstration project offered by United HealthCare Insurance Company, a Medicare Advantage organization with a Medicare contract.</p>
<p>Evercare Hospice & Palliative Care</p>	<p>EvercareSM Hospice and Palliative Care is offered by Evercare Hospice, Inc.</p>
<p>SilverSneakers®</p>	<p>SilverSneakers® is a registered trademark of Axia Health Management.</p>
<p>Advance to Wellness- ICAA Award</p>	<p>Advance to Wellness is an International Council on Active Aging, industry innovators 2007 award-winning health and wellness program</p>
<p>Silver and Fit</p>	<p>Silver&Fit is provided by American Specialty Health Networks, Inc. and Healthyroads, Inc., subsidiaries of American Specialty Health Incorporated.</p>
<p>Optum®</p>	<p>Optum is a health and well-being company that provides information and support to help people make smart health care decisions and lead healthful lives. Is is not a substitute for your doctor’s care. The services provided by Optum are part of your SecureHorizons® Medicare Advantage Plan. Rest assured, your personal health information is kept private in accordance with your benefit plan’s privacy policy. For more information, please</p>

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	refer to the telephone number on your health insurance ID card.
VAIS – Value Added Items and Services <i>(Needs to precede the description of item not, in the disclaimer)</i>	The products and services described below are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the UnitedHealthcare grievance process.
Pre-Enrollment	Disclaimer(s)
Medicare Advantage (MA only) and Medicare Advantage with Prescription Drug (MA-PD)	
Pre-Enrollment: When there is <u>no</u> benefit, premium, or Rx information.	<p>NOTE FOR PRE-ENROLLMENT MATERIALS: For Dual SNP plans, the ability to enroll is not limited to certain times of the year.</p> <p><u>SECUREHORIZONS® /MA ONLY PLANS (MEDICAL ONLY)</u></p> <p>SecureHorizons® Medicare Advantage plans are offered by United HealthCare Insurance Company and its affiliated companies, Medicare Advantage Organizations with a Medicare contract. This document is available in alternative formats. You must have both Medicare Part A and B, and must reside in the service area of the plan. You must continue to pay your Medicare Part B premium if not otherwise paid for under Medicaid or by another third party. Your ability to enroll may be limited to certain times of the year. For more information contact Customer Service at <1-8xx-xxx-xxxx>, TTY: <711>, 8 a.m.–8 p.m. local time, 7 days a week. [HMO members must use network providers to receive plan benefits except under emergency or urgent care situations or for out-of-area renal dialysis.] [For PPO and HMO-POS members, with the exception of emergency or urgent care or out-of-area renal dialysis, it may cost more to get care from out of network providers.] [For PPO</p>

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members, reimbursement is provided for all covered benefits regardless of whether they are received in network.] The plan's contract with the Centers for Medicare & Medicaid Services is renewed annually. Availability of coverage beyond the end of the current contract year is not guaranteed.

AARP® MEDICARECOMPLETE® PLANS

The AARP® MedicareComplete® plans are SecureHorizons® Medicare Advantage plans insured or covered by an affiliate of UnitedHealthcare, an MA organization with a Medicare contract. AARP is not an insurer. UnitedHealthcare pays a fee to AARP and its affiliate for use of the AARP trademark and other services. Amounts paid are used for the general purposes of AARP and its members. The AARP® MedicareComplete® plans are available to all eligible Medicare beneficiaries, including both members and non-members of AARP. [AARP and the AARP Logo are trademarks or registered trademarks of AARP. The SecureHorizons® and MedicareComplete® marks are trademarks or registered trademarks of United Healthcare Alliance, LLC and its affiliates.]

AARP does not make health plan recommendations for individuals. You are strongly encouraged to evaluate your needs before choosing a health plan.

This document is available in alternative formats. You must have both Medicare Part A and B, and must reside in the service area of the plan. You must continue to pay your Medicare Part B premium if not otherwise paid for under Medicaid or by another third party. Your ability to enroll may be limited to certain times of the year. For more information contact Customer Service at <1-8xx-xxx-xxxx>, TTY: <711>, 8 a.m.–8 p.m. local time, 7 days a week. [HMO members must use network providers to receive plan benefits except under emergency or urgent care situations or for out-of-area renal dialysis.] [For PPO and HMO-POS members, with the exception of emergency or urgent care or out-of-area renal dialysis, it may cost more to get care from out of network providers.] [For PPO members, reimbursement is provided for all covered benefits regardless of whether they are received in network.] AARP and the AARP Logo are trademarks or registered trademarks of AARP. The SecureHorizons® and MedicareComplete® marks are trademarks or registered trademarks of United Healthcare Alliance, LLC and its affiliates. The AARP® MedicareComplete® benefit packages, plan premiums, copayments/ coinsurance may vary by county, and service areas are all subject to change annually at the Medicare Advantage contract renewal time with the Centers for Medicare & Medicaid Services (January 1).

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Availability of coverage beyond the end of the current year is not guaranteed.

SECUREHORIZONS® MA-PD PLANS

SecureHorizons® Medicare Advantage plans are offered by United HealthCare Insurance Company and its affiliated companies, Medicare Advantage Organizations with a Medicare contract. This document is available in alternative formats. You must have both Medicare Part A and B, and must reside in the service area of the plan. You must continue to pay your Medicare Part B premium if not otherwise paid for under Medicaid or by another third party. Your ability to enroll may be limited to certain times of the year. For more information contact Customer Services at <1-8xx-xxx-xxxx>, TTY: <711>, 8 a.m.–8 p.m. local time, 7 days a week. [HMO members must use network providers to receive plan benefits except under emergency or urgent care situations or for out-of-area renal dialysis.] [For PPO and HMO-POS members, with the exception of emergency or urgent care or out-of-area renal dialysis, it may cost more to get care from out of network providers.] [For PPO members, reimbursement is provided for all covered benefits regardless of whether they are received in network.] You may be able to get extra help to pay for your prescription drug premiums and costs. To see if you qualify for getting extra help, call: 1-800-MEDICARE (1-800-633-4227). TTY users, call: 1-877-486-2048, 24 hours a day, 7 days a week; the Social Security Administration at 1-800-772-1213, 7 a.m.–7 p.m. local time, Monday–Friday. TTY users, call: 1-800-325-0778; or your State Medicaid Office. The plan’s prescription drug benefit is only available to members of the Medicare Advantage with Prescription Drug (MA-PD) plan. If you are already enrolled in an MA-PD plan you must receive your Medicare Prescription Drug benefit through that plan. The plan’s contract with the Centers for Medicare & Medicaid Services is renewed annually. Availability of coverage beyond the end of the current contract year is not guaranteed.

AARP® MEDICARECOMPLETE® RX PLANS

The AARP® MedicareComplete® plans are SecureHorizons® Medicare Advantage plans insured or covered by an affiliate of UnitedHealthcare, an MA organization with a Medicare contract. AARP is not an insurer. UnitedHealthcare pays a fee to AARP and its affiliate for use of the AARP trademark and other services. Amounts paid are used for the general purposes of AARP and its members. The AARP® MedicareComplete® plans are available to all eligible Medicare beneficiaries, including both members and non-members of AARP. [AARP and the AARP Logo are trademarks or registered trademarks of AARP. The SecureHorizons® and

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MedicareComplete® marks are trademarks or registered trademarks of United Healthcare Alliance, LLC and its affiliates] AARP does not make health plan recommendations for individuals. You are strongly encouraged to evaluate your needs before choosing a health plan. This document is available in alternative formats. You must have both Medicare Part A and B, and must reside in the service area of the plan. You must continue to pay your Medicare Part B premium if not otherwise paid for under Medicaid or by another third party. Your ability to enroll may be limited to certain times of the year. For more information contact Customer Service at <1-8xx-xxx-xxxx>, TTY: <711>, 8 a.m.–8 p.m. local time, 7 days a week. [HMO members must use network providers to receive plan benefits except under emergency or urgent care situations or for out-of-area renal dialysis.] [For PPO and HMO-POS members, with the exception of emergency or urgent care or out-of-area renal dialysis, it may cost more to get care from out of network providers.] [For PPO members, reimbursement is provided for all covered benefits regardless of whether they are received in network.] You may be able to get extra help to pay for your prescription drug premiums and costs. To see if you qualify for getting extra help, call: 1-800-MEDICARE (1-800-633-4227). TTY users, call: 1-877-486-2048, 24 hours a day, 7 days a week; the Social Security Administration at 1-800-772-1213, 7 a.m.–7 p.m. local time, Monday–Friday. TTY users, call: 1-800-325-0778; or your State Medicaid Office. The plan’s prescription drug benefit is only available to members of the Medicare Advantage with Prescription Drug (MA-PD) plan. If you are already enrolled in an MA-PD plan you must receive your Medicare Prescription Drug benefit through that plan. AARP and the AARP Logo are trademarks or registered trademarks of AARP. The SecureHorizons and MedicareComplete marks are trademarks or registered trademarks of United Healthcare Alliance, LLC and its affiliates. The AARP® MedicareComplete® benefit packages, plan premiums, copayments/ coinsurance may vary by county, and service areas are all subject to change annually at the Medicare Advantage contract renewal time with the Centers for Medicare & Medicaid Services (January 1). Availability of coverage beyond the end of the current year is not guaranteed.

SECUREHORIZONS MEDICAREDIRECT™ PRIVATE FEE-FOR-SERVICE (PFFS) PLANS

SecureHorizons MedicareDirect™, a Medicare Advantage Private Fee-For-Service Plan, is offered by United HealthCare Insurance Company or an affiliated company, a Medicare Advantage Organization with a Medicare contract. A Medicare Advantage Private Fee-For-Service plan works differently than a Medicare supplement plan. Your doctor or hospital is not required to agree to accept the plan’s terms and conditions, and thus may choose not to treat you, with the exception of emergencies. If your doctor or hospital does not agree to accept

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	<p>our payment terms and conditions, they may choose not to provide health care services to you, except in emergencies. Providers can find the plan’s terms and conditions on our Web site at: www.SecureHorizons.com This document is available in alternative formats. You must have both Medicare Part A and B, and must reside in the service area of the plan. You must continue to pay your Medicare Part B premium if not otherwise paid for under Medicaid or by another third party. Your ability to enroll may be limited to certain times of the year. For more information contact Customer Service at <1-8xx-xxx-xxxx>, TTY: <711>, 8 a.m.–8 p.m. local time, 7 days a week. The plan’s contract with the Centers for Medicare & Medicaid Services is renewed annually. Availability of coverage beyond the end of the current contract year is not guaranteed.</p> <p><u>SECUREHORIZONS MEDICAREDIRECT™ RX PRIVATE FEE-FOR-SERVICE (PFFS) PLANS</u></p> <p>SecureHorizons MedicareDirect™, a Medicare Advantage Private Fee-For-Service Plan, is offered by United HealthCare Insurance Company or an affiliated company, a Medicare Advantage Organization with a Medicare contract. A Medicare Advantage Private Fee-For-Service plan works differently than a Medicare supplement plan. Your doctor or hospital is not required to agree to accept the plan’s terms and conditions, and thus may choose not to treat you, with the exception of emergencies. If your doctor or hospital does not agree to accept our payment terms and conditions, they may choose not to provide health care services to you, except in emergencies. Providers can find the plan’s terms and conditions on our Web site at: www.SecureHorizons.com This document is available in alternative formats. You must have both Medicare Part A and B, and must reside in the service area of the plan. You must continue to pay your Medicare Part B premium if not otherwise paid for under Medicaid or by another third party. Your ability to enroll may be limited to certain times of the year. For more information contact Customer Service at <1-8xx-xxx-xxxx>, TTY: <711>, 8 a.m.–8 p.m. local time, 7 days a week. >. You may be able to get extra help to pay for your prescription drug premiums and costs. To see if you qualify for getting extra help, call: 1-800-MEDICARE (1-800-633-4227). TTY/TDD users, call: 1-877-486-2048, 24 hours a day, 7 days a week; the Social Security Administration at 1-800-772-1213, 7 a.m.–7 p.m. local time, Monday–Friday. TTY/TDD users, call: 1-800-325-0778; or your State Medicaid Office. The plan’s prescription drug benefit is only available to enrollees of the Medicare Advantage with Prescription Drug Plan (MA-PD). If you are already enrolled in an MA-PD Plan you must receive your Medicare Prescription Drug benefit through that plan. The plan’s contract with the Centers for Medicare & Medicaid Services is renewed annually. Availability of coverage beyond the end of the current contract year is not guaranteed.</p>
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FAMILY OF SECUREHORIZONS® MA-PD PLANS WITH ALL LEGAL ENTITIES—HMO, HMO-POS, PPO & PFFS (Not for use with AARP plans. AARP plans should not be addressed in the same material as non-AARP plans.)

SecureHorizons® Medicare Advantage plans are offered by United HealthCare Insurance Company and its affiliated companies, Medicare Advantage Organizations with a Medicare contract. This document is available in alternative formats. You must have both Medicare Part A and B, and must reside in the service area of the plan. You must continue to pay your Medicare Part B premium if not otherwise paid for under Medicaid or by another third party. Your ability to enroll may be limited to certain times of the year. For more information contact Customer Services at <1-8xx-xxx-xxxx>, TTY: <711>, 8 a.m.–8 p.m. local time, 7 days a week. [HMO members must use network providers to receive plan benefits except under emergency or urgent care situations or for out-of-area renal dialysis.] [For PPO and HMO-POS members, with the exception of emergency or urgent care or out-of-area renal dialysis, it may cost more to get care from out of network providers.] [For PPO members, reimbursement is provided for all covered benefits regardless of whether they are received in network.] [For PFFS enrollees, your doctor or hospital is not required to accept the plan’s terms and conditions, and thus may choose not to treat you, with the exception of emergencies. If your doctor or hospital does not agree to accept our payment terms and conditions, they may not provide healthcare services to you, except in emergencies. Providers can find the plan’s terms and conditions on our Web site at: <plan website>.] You may be able to get extra help to pay for your prescription drug premiums and costs. To see if you qualify for getting extra help, call: 1-800-MEDICARE (1-800-633-4227). TTY users, call: 1-877-486-2048, 24 hours a day, 7 days a week; the Social Security Administration at 1-800-772-1213, 7 a.m.–7 p.m. local time, Monday–Friday. TTY/TDD users, call: 1-800-325-0778; or your State Medicaid Office. The plan’s prescription drug benefit is only available to members of the Medicare Advantage with Prescription Drug (MA-PD) plan. If you are already enrolled in an MA-PD plan you must receive your Medicare Prescription Drug benefit through that plan. The plan’s contract with the Centers for Medicare & Medicaid Services is renewed annually. Availability of coverage beyond the end of the current contract year is not guaranteed.

ALL EVERCARE PLANS

Evercare® Medicare Advantage plans are offered by United HealthCare Insurance Company and its affiliated companies, Medicare Advantage Organizations with a Medicare contract. This document is available in

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	<p>alternative formats. You must have both Medicare Part A and B, and must reside in the service area of the plan. You must continue to pay your Medicare Part B premium if not otherwise paid for under Medicaid or by another third party. Your ability to enroll may be limited to certain times of the year. For more information contact Customer Service at <1-8xx-xxx-xxxx>, TTY: <711>, 8 a.m.–8 p.m. local time, 7 days a week. [HMO members must use network providers to receive plan benefits except under emergency or urgent care situations or for out-of-area renal dialysis.] [For PPO and HMO-POS members, with the exception of emergency or urgent care or out-of-area renal dialysis, it may cost more to get care from out of network providers.] [For PPO members, reimbursement is provided for all covered benefits regardless of whether they are received in network.] You may be able to get extra help to pay for your prescription drug premiums and costs. To see if you qualify for getting extra help, call: 1-800-MEDICARE (1-800-633-4227). TTY/TDD users, call: 1-877-486-2048, 24 hours a day, 7 days a week; the Social Security Administration at 1-800-772-1213, 7 a.m.–7 p.m. local time, Monday–Friday. TTY/TDD users, call: 1-800-325-0778; or your State Medicaid Office. Evercare’s prescription drug benefit is only available to members of the Medicare Advantage with Prescription Drug (MA-PD) plan. If you are already enrolled in an MA-PD plan you must receive your Medicare Prescription Drug benefit through that plan. The plan’s contract with the Centers for Medicare & Medicaid Services is renewed annually. Availability of coverage beyond the end of the current contract year is not guaranteed.</p>
<p>Pre-Enrollment: When benefits, premium or Rx information are mentioned</p>	<p>FOR SecureHorizons® MA ONLY (Medical only) Plans</p> <p><u>SINGLE HMO, PPO OR HMO-POS MA PLAN</u></p> <p>SecureHorizons® Medicare Advantage plans are offered by United HealthCare Insurance Company and its affiliated companies, Medicare Advantage Organizations with a Medicare contract. This document is available in alternative formats. You must have both Medicare Part A and B, and must reside in the service area of the plan. You must continue to pay your Medicare Part B premium if not otherwise paid for under Medicaid or by another third party. Your ability to enroll may be limited to certain times of the year. For more information contact Customer Service at <1-8xx-xxx-xxxx>, TTY: <711>, 8 a.m.–8 p.m. local time, 7 days a week. [HMO members must use network providers to receive plan benefits except under emergency or urgent care situations or for out-of-area renal dialysis.] [For PPO and HMO-POS members, with the exception of emergency or urgent</p>

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care or out-of-area renal dialysis, it may cost more to get care from out of network providers.] [For PPO members, reimbursement is provided for all covered benefits regardless of whether they are received in network.] The plan’s contract with the Centers for Medicare & Medicaid Services is renewed annually. Availability of coverage beyond the end of the current contract year is not guaranteed.

AARP® MEDICARECOMPLETE® PLAN

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AARP does not make health plan recommendations for individuals. You are strongly encouraged to evaluate your needs before choosing a health plan. This document is available in alternative formats. You must have both Medicare Part A and B, and must reside in the service area of the plan. You must continue to pay your Medicare Part B premium if not otherwise paid for under Medicaid or by another third party. Your ability to enroll may be limited to certain times of the year. For more information contact Customer Service at <1-8xx-xxx-xxxx>, TDD: <711>, 8 a.m.–8 p.m. local time, 7 days a week. [HMO members must use network providers to receive plan benefits except under emergency or urgent care situations or for out-of-area renal dialysis.] [For PPO and HMO-POS members, with the exception of emergency or urgent care or out-of-area renal dialysis, it may cost more to get care from out of network providers.] [For PPO members, reimbursement is provided for all covered benefits regardless of whether they are received in network.] AARP and the AARP Logo are trademarks or registered trademarks of AARP. The SecureHorizons and MedicareComplete marks are trademarks or registered trademarks of United Healthcare Alliance, LLC and its affiliates. The AARP® MedicareComplete® benefit packages, plan premiums, copayments/ coinsurance may vary by county, and service areas are all subject to change annually at the Medicare Advantage contract renewal time with the Centers for Medicare & Medicaid Services (January 1). Availability of coverage beyond the end of the current year is not guaranteed.

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SECUREHORIZONS MEDICAREDIRECT™ PRIVATE FEE-FOR-SERVICE (PFFS) PLANS

SecureHorizons MedicareDirect™, a Medicare Advantage Private Fee-For-Service Plan, is offered by United HealthCare Insurance Company or an affiliated company, a Medicare Advantage Organization with a Medicare contract. A Medicare Advantage Private Fee-For-Service plan works differently than a Medicare supplement plan. Your doctor or hospital is not required to agree to accept the plan's terms and conditions, and thus may choose not to treat you, with the exception of emergencies. If your doctor or hospital does not agree to accept our payment terms and conditions, they may choose not to provide health care services to you, except in emergencies. Providers can find the plan's terms and conditions on our Web site at: www.SecureHorizons.com. This document is available in alternative formats. You must have both Medicare Part A and B, and must reside in the service area of the plan. You must continue to pay your Medicare Part B premium if not otherwise paid for under Medicaid or by another third party. Your ability to enroll may be limited to certain times of the year. For more information contact Customer Service at <1-8xx-xxx-xxxx>, TTY: <711>, 8 a.m.–8 p.m. local time, 7 days a week. The plan's contract with the Centers for Medicare & Medicaid Services is renewed annually. Availability of coverage beyond the end of the current contract year is not guaranteed.

FAMILY OF SECUREHORIZONS® MA-ONLY PLANS WITH ALL LEGAL ENTITIES--HMO & PPO/PFFS (Not for use with AARP plans. AARP plans should not be addressed in the same material as non-AARP plans.)

SecureHorizons® Medicare Advantage plans are offered by United HealthCare Insurance Company and its affiliated companies, Medicare Advantage Organizations with a Medicare contract. This document is available in alternative formats. You must have both Medicare Part A and B, and must reside in the service area of the plan. You must continue to pay your Medicare Part B premium if not otherwise paid for under Medicaid or by another third party. Your ability to enroll may be limited to certain times of the year. For more information contact Customer Service at <1-8xx-xxx-xxxx>, TTY: <711>, 8 a.m.–8 p.m. local time, 7 days a week. [HMO members must use network providers to receive plan benefits except under emergency or urgent care situations or for out-of-area renal dialysis.] [For PPO and HMO-POS members, with the exception of emergency or urgent care or out-of-area renal dialysis, it may cost more to get care from out of network providers.] [For PPO members reimbursement is provided for all covered benefits regardless of whether they are received in network.] [For PFFS enrollees, your doctor or hospital is not required to accept the plan's terms and conditions, and thus

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may choose not to treat you,, with the exception of emergencies. If your doctor or hospital does not agree to accept our payment terms and conditions, they may not provide healthcare services to you, except in emergencies. Providers can find the plan’s terms and conditions on our website at: <plan website>.] The plan’s contract with the Centers for Medicare & Medicaid Services is renewed annually. Availability of coverage beyond the end of the current contract year is not guaranteed.

FOR SecureHorizons® MA-PD Plans

SINGLE SECUREHORIZONS® HMO, PPO, OR HMO-POS MEDICARE ADVANTAGE WITH PRESCRIPTION DRUG (MA-PD) PLAN

SecureHorizons® Medicare Advantage plans are offered by United HealthCare Insurance Company and its affiliated companies, Medicare Advantage Organizations with a Medicare contract. This document is available in alternative formats. You must have both Medicare Part A and B, and must reside in the service area of the plan. You must continue to pay your Medicare Part B premium if not otherwise paid for under Medicaid or by another third party. Your ability to enroll may be limited to certain times of the year. For more information contact Customer Service at <1-8xx-xxx-xxxx>, TTY: <711>, 8 a.m.–8 p.m. local time, 7 days a week. [HMO members must use network providers to receive plan benefits except under emergency or urgent care situations or for out-of-area renal dialysis.] [For PPO and HMO-POS members, with the exception of emergency or urgent care or out-of-area renal dialysis, it may cost more to get care from out of network providers.] [For PPO members, reimbursement is provided for all covered benefits regardless of whether they are received in network.] You may be able to get extra help to pay for your prescription drug premiums and costs. To see if you qualify for getting extra help, call: 1-800-MEDICARE (1-800-633-4227). TTY users, call: 1-877-486-2048, 24 hours a day, 7 days a week; the Social Security Administration at 1-800-772-1213, 7 a.m.–7 p.m. local time, Monday–Friday. TTY users, call-1-800-325-0778; or your State Medicaid Office. The plan’s prescription drug benefit is only available to members of the Medicare Advantage with Prescription Drug (MA-PD) plan. If you are already enrolled in an MA-PD plan you must receive your Medicare Prescription Drug benefit through that plan. To receive the highest level of benefit you must use contracted network pharmacies to access your prescription drug benefit except in the case of emergency. The pharmacy network includes retail, mail order, long-term care, home infusion and I/T/U (Indian Health Service, Tribes or Urban Indian) pharmacy services. You may obtain your prescriptions from pharmacies outside the contracted network at a reduced benefit. Only

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Native Americans and Alaska Natives have access to I/T/U Pharmacies through <Plan Name>'s pharmacy network. Those other than Native Americans and Alaskan Natives may be able to access these pharmacies under limited circumstances (e.g., emergencies). If you have access to I/T/U facilities, you may have different out-of-pocket drug costs. For information about mail order, names and addresses of network pharmacies or for more information call 1-888-867-5518, TTY: 711, 8 a.m.–8 p.m. local time, Monday–Friday. Or write us at <address>, or go to <plan website>. The plan's contract with the Centers for Medicare & Medicaid Services is renewed annually. Availability of coverage beyond the end of the current contract year is not guaranteed.

AARP® MEDICARECOMPLETE® RX PLAN

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receive the highest level of benefit you must use contracted network pharmacies to access your prescription drug benefit except in the case of emergency. The pharmacy network includes retail, mail order, long-term care, home infusion and I/T/U (Indian Health Service, Tribes or Urban Indian) pharmacy services. You may obtain your prescriptions from pharmacies outside the contracted network at a reduced benefit. Only Native Americans and Alaska Natives have access to I/T/U Pharmacies through <Plan Name>'s pharmacy network. Those other than Native Americans and Alaskan Natives may be able to access these pharmacies under limited circumstances (e.g., emergencies). If you have access to I/T/U facilities, you may have different out-of-pocket drug costs. For information about mail order, names and addresses of network pharmacies or for more information call 1-888-867-5518, TTY: 1-888-685-8480, 8 a.m.–8 p.m. local time, Monday–Friday. Or write us at <address>, or go to <plan website>. AARP and the AARP Logo are trademarks or registered trademarks of AARP. The SecureHorizons® and MedicareComplete® marks are trademarks or registered trademarks of United Healthcare Alliance, LLC and its affiliates. The AARP® MedicareComplete® benefit packages, plan premiums, copayments/ coinsurance may vary by county, and service areas are all subject to change annually at the Medicare Advantage contract renewal time with the Centers for Medicare & Medicaid Services (January 1). Availability of coverage beyond the end of the current year is not guaranteed.

SECUREHORIZONS MEDICAREDIRECT™ RX PRIVATE FEE-FOR-SERVICE (PFFS) PLANS

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This document is available in alternative formats. You must have both Medicare Part A and B, and must reside in the service area of the plan. You must continue to pay your Medicare Part B premium if not otherwise paid for under Medicaid or by another third party. Your ability to enroll may be limited to certain times of the year. For more information contact Customer Service at <1-8xx-xxx-xxxx>, TTY: <711>, 8 a.m.–8 p.m. local time, 7 days a week. You may be able to get extra help to pay for your prescription drug premiums and costs. To see if

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you qualify for getting extra help, call: 1-800-MEDICARE (1-800-633-4227). TTY/TDD users, call: 1-877-486-2048, 24 hours a day, 7 days a week; the Social Security Administration at 1-800-772-1213, 7 a.m.–7 p.m. local time, Monday–Friday. TTY users, call: 1-800-325-0778; or your State Medicaid Office. The plan’s prescription drug benefit is only available to enrollees of the Medicare Advantage with Prescription Drug (MA-PD) plan. If you are already enrolled in an MA-PD plan you must receive your Medicare Prescription Drug benefit through that plan. To receive the highest level of benefit you must use contracted network pharmacies to access your prescription drug benefit except in the case of emergency. The pharmacy network includes retail, mail order, long-term care, home infusion and I/T/U (Indian Health Service, Tribes or Urban Indian) pharmacy services. You may obtain your prescriptions from pharmacies outside the contracted network at a reduced benefit. Only Native Americans and Alaska Natives have access to I/T/U Pharmacies through <Plan Name>’s pharmacy network. Those other than Native Americans and Alaskan Natives may be able to access these pharmacies under limited circumstances (e.g., emergencies). If you have access to I/T/U facilities, you may have different out-of-pocket drug costs. For information about mail order, names and addresses of network pharmacies or for more information call 1-888-867-5518, TTY: 1-888-685-8480, 8 a.m.–8 p.m. local time, Monday–Friday. Or write us at <address>, or go to <plan website>. The plan’s contract with the Centers for Medicare & Medicaid Services is renewed annually. Availability of coverage beyond the end of the current contract year is not guaranteed.

FAMILY OF SECUREHORIZONS® MA-PD PLANS WITH ALL LEGAL ENTITIES—HMO, HMO-POS, PPO & (Not for use with AARP plans. AARP plans should not be addressed in the same material as non-AARP plans.)

SecureHorizons® Medicare Advantage plans are offered by United HealthCare Insurance Company and its affiliated companies, Medicare Advantage Organizations with a Medicare contract. This document is available in alternative formats. You must have both Medicare Part A and B, and must reside in the service area of the plan. You must continue to pay your Medicare Part B premium if not otherwise paid for under Medicaid or by another third party. Your ability to enroll may be limited to certain times of the year. For more information contact Customer Service at <1-8xx-xxx-xxxx>, TTY: <711> 8 a.m.–8 p.m. local time, 7 days a week.. [HMO members must use network providers to receive plan benefits except under emergency or urgent care situations or for out-of-area renal dialysis.] [For PPO and HMO-POS members, with the exception of emergency or urgent care or out-of-area renal dialysis, it may cost more to get care from out of network providers.] [For PPO members, reimbursement is provided for all covered benefits regardless of whether they are received in

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network.] [For PFFS enrollees, your doctor or hospital is not required to accept the plan's terms and conditions, and thus may choose not to treat you, with the exception of emergencies. If your doctor or hospital does not agree to accept our payment terms and conditions, they may not provide healthcare services to you, except in emergencies. Providers can find the plan's terms and conditions on our website at: <plan website>.] You may be able to get extra help to pay for your prescription drug premiums and costs. To see if you qualify for getting extra help, call: 1-800-MEDICARE (1-800-633-4227). TTY users, call 1-877-486-2048, 24 hours a day, 7 days a week; the Social Security Administration at 1-800-772-1213, 7 a.m.–7 p.m. local time, Monday–Friday. TTY/TDD users, call 1-800-325-0778; or your State Medicaid Office. The plan's prescription drug benefit is only available to members of the Medicare Advantage with Prescription Drug (MA-PD) plan. If you are already enrolled in an MA-PD plan you must receive your Medicare Prescription Drug benefit through that plan. To receive the highest level of benefit you must use contracted network pharmacies to access your prescription drug benefit except in the case of emergency. The pharmacy network includes retail, mail order, long-term care, home infusion and I/T/U (Indian Health Service, Tribes or Urban Indian) pharmacy services. You may obtain your prescriptions from pharmacies outside the contracted network at a reduced benefit. Only Native Americans and Alaska Natives have access to I/T/U Pharmacies through <Plan Name>'s pharmacy network. Those other than Native Americans and Alaskan Natives may be able to access these pharmacies under limited circumstances (e.g., emergencies). If you have access to I/T/U facilities, you may have different out-of-pocket drug costs. For information about mail order, names and addresses of network pharmacies or for more information call 1-888-867-5518, TTY: 1-888-685-8480, 8 a.m.–8 p.m. local time, Monday–Friday. Or write us at <address>, or go to <plan website>. The plan's contract with the Centers for Medicare & Medicaid Services is renewed annually. Availability of coverage beyond the end of the current contract year is not guaranteed.

FOR Evercare® Plans

ALL EVERCARE PLANS

Evercare® Medicare Advantage plans are offered by United HealthCare Insurance Company and its affiliated companies, Medicare Advantage Organizations with a Medicare contract. This document is available in alternative formats. You must have both Medicare Part A and B, and must reside in the service area of the plan. You must continue to pay your Medicare Part B premium if not otherwise paid for under Medicaid or by another third party. Your ability to enroll may be limited to certain times of the year. For more information contact

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	<p>Customer Service at <1-8xx-xxx-xxxx>, TTY: <711>, 8 a.m.–8 p.m. local time, 7 days a week. [HMO members must use network providers to receive plan benefits except under emergency or urgent care situations or for out-of-area renal dialysis.] [PPO and HMO-POS members, with the exception of emergency or urgent care or out-of-area renal dialysis, it may cost more to get care from out of network providers.] [For PPO members, reimbursement is provided for all covered benefits regardless of whether they are received in network.] You may be able to get extra help to pay for your prescription drug premiums and costs. To see if you qualify for getting extra help, call: 1-800-MEDICARE (1-800-633-4227), TTY: 1-877-486-2048, 24 hours a day, 7 days a week; the Social Security Administration at 1-800-772-1213, 7 a.m.–7 p.m. local time, Monday–Friday. TTY users, call: 1-800-325-0778; or your State Medicaid Office. Evercare’s prescription drug benefit is only available to members of the Medicare Advantage with Prescription Drug (MA-PD) plan. If you are already enrolled in an MA-PD plan you must receive your Medicare Prescription Drug benefit through that plan. To receive the highest level of benefit you must use contracted network pharmacies to access your prescription drug benefit except in the case of emergency. The pharmacy network includes retail, mail order, long-term care, home infusion and I/T/U (Indian Health Service, Tribes or Urban Indian) pharmacy services. You may obtain your prescriptions from pharmacies outside the contracted network at a reduced benefit. Only Native Americans and Alaska Natives have access to I/T/U Pharmacies through <Plan Name>’s pharmacy network. Those other than Native Americans and Alaskan Natives may be able to access these pharmacies under limited circumstances (e.g., emergencies). If you have access to I/T/U facilities, you may have different out-of-pocket drug costs. For information about mail order, names and addresses of network pharmacies or for more information call 1-888-867-5518, TTY: 1-888-685-8480, 8 a.m.–8 p.m. local time, Monday–Friday. Or write us at <address>, or go to <plan website>. The plan’s contract with the Centers for Medicare & Medicaid Services is renewed annually. Availability of coverage beyond the end of the current contract year is not guaranteed.</p>
<p>* Additional Language Requirements for Pre-enrollment</p>	
<p>End of Year Benefit Changes Disclosure</p>	<p><i>{Effective October 1, 2007, must include a statement in the current contracting year marketing materials when advertising a current year benefit, formulary, pharmacy network, premium, or co-payment that may or will change in the upcoming contracting year or whenever it accepts an election for a revised effective date in the current contracting year. The following model disclaimer may be used verbatim. If not used verbatim, additional regional office review and approval will be required.}</i></p>

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	“<[Insert any or all of the following, whichever is appropriate: Benefits, formulary, pharmacy, network premium and/or copayments/co-insurance may change on January 1, 2008. Please contact [insert Organization name] for details.]
Reference to study/statistical data	Include source and date of the study either in the text or as a footnote. Qualified superlatives (e.g., “one of the best” “among the highest ranked”) may be used. Absolute superlatives (e.g., “the best”, “rated number one”) may only be used if they are substantiated with supporting data.
Product endorsement/ testimonial	<ol style="list-style-type: none"> 1. If individual is paid to promote a specific products, state “Paid endorsement” 2. If individual is paid to portray a real/fictitious situation, state “Paid actor portrayal” 3. Speaker must identify the product by name
Dual SNP material	<ol style="list-style-type: none"> 1. Must clearly identify the eligibility requirements for the plan: “This plan is available to anyone who has both Medicaid from the state and Medicare.” 2. When specifying benefits, specify annual limits, benefit payouts and copayments 3. Clearly state any major exclusions and limitations 4. State all monetary limits and restrictive policies 5. When annual dollar amounts or limits are provided, also mention applicable quarterly or monthly limits and whether unused portions can be carried over 6. Include closing statement such as, “for full information on [Organization name] _____ benefit(s), call our Customer Service Department at [phone number]. Our office hours are [insert hours].
AARP Agent Statement	<p><i>The following should be included in all enrollment applications and ‘agent’ pieces including: references to an individual sales agent or agency, a general reference to sales representatives or agents, or a reference to a community meeting or some other type of group sales event. This statement must be used verbatim and should appear after all other disclosures, separated by a line (so it clearly appears as a separate statement.)</i></p> <p>AARP and its affiliates are not insurance agencies or carriers and do not employ or endorse individual agents.</p>
Erickson Advantage	Erickson Advantage® is a Medicare Advantage demonstration project offered by United HealthCare Insurance Company, a Medicare Advantage organization with a Medicare contract.

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Evercare Hospice & Palliative Care	Evercare SM Hospice and Palliative Care is offered by Evercare Hospice, Inc.
Post-Enrollment	Disclaimer(s)
Medicare Advantage (MA) and Medicare Advantage Prescription Drug (MA-PD)	
Post- Enrollment: When cost savings are mentioned in a PPO material	<u>ALL SECUREHORIZONS® AND EVERCARE® PPO MA/MA-PD PLANS</u> Out of network services may cost more than in network services. Reimbursement is provided for all covered benefits regardless of whether they are received in network.
Post- Enrollment AARP® MedicareComplete® (Rx) Plans Only	<u>AARP® MEDICARECOMPLETE® (RX) PLANS</u> UnitedHealthcare pays a fee to AARP and its affiliate for use of the AARP trademark and other services. Amounts paid are used for the general purposes of AARP and its members. The AARP® MedicareComplete® plans are available to all eligible Medicare beneficiaries, including both members and non-members of AARP. AARP does not make health plan recommendations for individuals. You are strongly encouraged to evaluate your needs before choosing a health plan. <i>{Required on all documents except member letters:}</i> AARP and the AARP Logo are trademarks or registered trademarks of AARP. The SecureHorizons and MedicareComplete marks are trademarks or registered trademarks of United Healthcare Alliance, LLC and its affiliates.
* Additional Language Requirements for Post-Enrollment	
End of Year Benefit Changes Disclosure	<i>{Effective October 1, 2007, must include a statement in the current contracting year marketing materials when advertising a current year benefit, formulary, pharmacy network, premium, or co-payment that may or will change in the upcoming contracting year or whenever it accepts an election for a revised effective date in the current contracting year. The following model disclaimer may be used verbatim. If not used verbatim,</i>

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	<p><i>additional regional office review and approval will be required.]</i> “<[Insert any or all of the following, whichever is appropriate: Benefits, formulary, pharmacy, network premium and/or copayments/co-insurance may change on January 1, 2008. Please contact [insert Organization name] for details.]</p>
Reference to study/statistical data	<p>Include source and date of the study either in the text or as a footnote. Qualified superlatives (e.g., “one of the best” “among the highest ranked”) may be used. Absolute superlatives (e.g., “the best”, “rated number one”) may only be used if they are substantiated with supporting data.</p>
Product endorsement/ testimonial	<ol style="list-style-type: none"> 1. If individual is paid to promote a specific products, state “Paid endorsement” 2. If individual is paid to portray a real/fictitious situation, state “Paid actor portrayal” 3. Speaker must identify the product by name
Dual SNP material	<p>Must clearly identify the eligibility requirements for the plan: “This plan is available to anyone who has both Medicaid from the state and Medicare.”</p>
AARP Agent Statement	<p><i>The following should be included in all enrollment applications and ‘agent’ pieces including: references to an individual sales agent or agency, a general reference to sales representatives or agents, or a reference to a community meeting or some other type of group sales event. This statement must be used verbatim and should appear after all other disclosures, separated by a line (so it clearly appears as a separate statement.)</i></p> <p>AARP and its affiliates are not insurance agencies or carriers and do not employ or endorse individual agents.</p>
Erickson Advantage	<p>Erickson Advantage® is a Medicare Advantage demonstration project offered by United HealthCare Insurance Company, a Medicare Advantage organization with a Medicare contract.</p>
Evercare Hospice & Palliative Care	<p>EvercareSM Hospice and Palliative Care is offered by Evercare Hospice, Inc.</p>

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Section 9

Putting it All Together/Examples of Work

Section 10

Contact Information

FOR QUESTIONS ABOUT THE BRAND
IDENTITY AND IMAGE SYSTEM
GUIDELINES, CONTACT:

Ovations Product Marketing - SecureHorizons Contact:
Christine L. Thompson
Manager, Creative Services
Phone: (952-931-4609)
christine_l_thompson@uhc.com