

# **Substantiation of Advertising Claims Concerning AARP Medicare Supplement Insurance Plans and UnitedHealthcare Medicare Advantage Plans (Non- SNP, D-SNP, C-SNP) Report**

**2025**

REPORT PREPARED FOR:  
UnitedHealthcare Insurance  
Company, UnitedHealthcare  
Insurance Company of  
America, UnitedHealthcare  
Insurance Company of New  
York, together herein known  
as "UnitedHealthcare"  
August 2025

## Background

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UnitedHealthcare insures the AARP Medicare Supplement Insurance Plans marketed to AARP members. Additionally, UnitedHealthcare provides Medicare Advantage Plans as part of its Medicare Portfolio. In promoting these plans, UnitedHealthcare wishes to make certain advertising claims, and has asked Human8 to substantiate their truthfulness.

### *About Human8*

As a consultative agency, Human8 brings a consultative approach in developing growth strategies grounded in operationalizing customer centricity. Partnering with insights, analytics, marketing, strategy, and CX groups, Human8 serves as a translator to help cross-functional teams fuel the competency to gain and apply consumer wisdom, transform decisions into action, and navigate organizational change. Coalescing enterprise data with primary research and curating insights for multiple audiences ensures information is designed to influence actions and behaviors from executives to the frontline.

## Human8 Qualifications for Claim Substantiation

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Human8 (formerly Gongos, Inc.) has been conducting primary research and applying analytic testing techniques since 1991. Our sophisticated data analytics team has a proven track record of crafting and applying test methodologies to complex enterprise data and other data forms. As a company, Human8 has been analyzing, interpreting, and translating data into meaningful insights using a system-agnostic approach for over 30 years. Core areas of expertise include: data fusing and imputing, data mining, modeling, and other analytics techniques.

## **Claim: The Number of Insured Members of AARP Medicare Supplement Insurance Plans Equals or Exceeds 4 Million**

### *Overview of the Substantiation Process*

To audit this claim, a random sample of all insured members on file was created, and payment records were examined for each of the insured members who fell into the sample. As of the last day of December 2024, the total number of insured members on file was 4,320,465. For the audit of this total to be considered successful in substantiating the claim, every person in the selected sample had to pass inspection in the following ways: 1) the payment record for the selected insured members had to show a recent payment, and 2) there had to be no duplication among the insured members on file.

### *Considerations Leading to the Specification of the Sample Size*

Records for 200 insured members, chosen at random, were examined in detail. This sample size was selected because it is sufficiently large to provide 95% confidence that at least 98% of the insured members on file are unduplicated persons whose account was current at the time the audit was made.

### *Method of Sampling*

The following procedure was used in this analysis:

- A file was supplied in which the count of the corresponding members was sorted by zip code.
- The zip codes were arranged in ascending order and the count of these members was listed in each zip code.
- A sampling interval was then determined to provide a sample of 200 zip codes for each group.
- For each of the 200 selected zip codes, one record of payment was selected for detailed examination, the middle one in the order of its member number.

To audit the number of insured members active on the last day of December 2024, a sampling interval of 21,602 was used to select the 200 zip codes. The selected zip codes contained 135,509 unique members.

Note that any change in address (e.g., out of the zip code) from the randomly selected members had a record of such change provided with the corresponding screenshot. These changes had no impact on the random selection process.

Any unique cases found were verified by UHC and include an explanatory note with the corresponding screenshot.

### *Results of the Audit*

Each of the selected records satisfied the requirement that there was a record of recent payment. This was established by examining a screenshot of the actual record. The absence of any duplication of persons in the sample of zip codes selected to represent the entire list was ascertained by checking that there were 135,509 unique member numbers in the selected zip codes, matching the counts provided for the 200 zip codes in the sample.

Since none of the 200 records selected at random duplicated any other record, and since each one turned out to identify a specific person whose payment record was examined, the audit validated the veracity of the entire list of 4 million plus insured members. Thus, the claim that the number of AARP Medicare Supplement Insurance insured members equals or exceeds 4 million is substantiated as of the end of December 2024.

**Claim: From Year to Year, 94% of Active Members Currently Renew Their AARP Medicare Supplement Insurance Plans**

*Overview of the Substantiation Process*

The following counts were provided for the audit of this claim:

A. Total members active on last day of 2023 -----	4,338,350
B. Less: Members known to have died during 2024 -----	155,620
C. Balance: Members in a position to renew -----	4,182,730
D. Members active on the last day of 2023 who were still active on the last day of 2024 -----	3,966,552
E. D divided by C equals -----	94.83%

*Method of Sampling*

The following procedure was used for each key group in the analysis:

- A file for each key group was supplied in which the count of the corresponding members was sorted by zip code.
- The zip codes were arranged in ascending order and the count of these members was listed in each zip code.
- A sampling interval was then determined to provide a sample of 200 zip codes for each group.
- For each of the 200 selected zip codes, one record of payment was selected for detailed examination, the middle one in the order of its member number.

To audit the number of **members active on the last day of 2023**, a sampling interval of 21,692 was used to select the 200 zip codes. The selected zip codes contained 129,196 unique members.

To audit the number of **members known to have died during 2024**, a sampling interval of 778 was used to select the 200 zip codes. The selected zip codes contained 4,248 unique members.

To audit the number of **members active on the last day of 2023 and still active on the last day of 2024**, a sampling interval of 19,833 was used to select the 200 zip codes. The selected zip codes contained 123,388 unique members.

*Results of the Audit*

Each of the selected records as of the last day of 2023 satisfied the requirement that there was a record of recent payment. This was established by examining a screenshot of the actual record. The absence of any duplication of persons in the sample of zip codes selected to represent the entire list was ascertained by checking that there were no duplicate member numbers in the selected zip codes, and matching the counts provided for the 200 zip codes in the sample.

The 200 records drawn at random from those known to have died in 2024<sup>1</sup> established that according to the files at UnitedHealthcare for each of these former plan holders, the reason for termination is listed as “death” or “deceased.” These records had no duplicate member numbers in the selected zip codes, and matched the counts provided for the 200 zip codes in the sample.

The 200 members selected at random from the 3,966,552 members active at the end of both 2023 and 2024 each satisfied the requirement that there was a record of recent payment. Again, these records had no duplicate member numbers in the selected zip codes, and matched the counts provided for the 200 zip codes in the sample.

Note that any change in address (e.g., out of the zip code) from the randomly selected members had a record of such change provided with the corresponding screenshot. These changes had no impact on the random selection process.

Any unique cases found were verified by UHC and include an explanatory note with the corresponding screenshot.

Having thus audited counts A, B, and D (referring to the counts listed at the beginning of this section), the claim that 94% of active members renew their plan has been substantiated with respect to the year-to-year comparison of 2024 with 2023. Since this substantiation is specific to the most recent years, it is recommended that the claim include the word “currently” as shown at the head of this section, or else that it be made clear in the text that the claim applies to the year 2024.

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<sup>1</sup> Records for those members who have died during 2024 span the dates of 1/2024 through 12/2024.

## **Claim: 98% of AARP Medicare Supplement Insurance Plan Claims are Processed in 10 Days or Less**

### *Overview of the Substantiation Process*

UnitedHealthcare has processed 147,488,901 claims for AARP Medicare Supplement Insurance Plans in 2024. The vast majority of these claims are submitted and processed electronically, but some categories of claims arrive on paper and require keypunching. It can be expected that processing time would vary by how claims arrive as well as by other charges for prescription drugs. It was therefore decided that a sample of the 147,488,901 claims processed would be examined stratified by the claim source and claim type. A count would then be made of the number of claims across the total of all types that took more than 10 days to process.

### *Method of Sampling*

A random sample of 200 claims was selected from 4 categories in 2024, from Medicare EC (comprising 83.33% of the claims processed in 2024), Medicare Part B front-end keyed claims (comprising 1.56%), down to Medicare Part A front-end keyed claims (comprising 0.10%). For the fifth category, front-end keyed claims for prescription drugs (comprising only 0.00012% of total claims), information for all 173 claims within this claim type in 2024 was provided. The sampling process made use of the Random Selection function of the Oracle database program. For each of these 973 randomly selected claims for the stratified sample, the following statistics were supplied:

- Claim number (position one is the normal calendar year, and positions 2-4 reflect the Julian day of year received)
- Receipt date in normal calendar notation
- Process date in normal calendar notation
- Service days

Service days were computed so as to count one day for the date of receipt, one for the processing date, and one day for each intervening workday. Weekends and holidays were not counted in service days.

For the category of front-end keyed prescription drug claims, the “cross-reference” date was used, since this is earlier than the date of receipt, which records the electronic delivery of the keypunched data.

### *Results of the Audit*

Of the 973 claims examined, 110 took more than 10 days to process. These 110 claims were unequally distributed across the claim types. The most numerous claims type category -- Medicare EC -- comprising 83.33% of the claims processed in 2024, had 0 claims taking more than 10 days to process in that time period. The two categories, which between them contained 109 of the 110 claims that took more than ten days to process, FEK Rx and Part B FEK, accounted for only 1.56% of the total categories of claims.

A weighted average was computed across the sample of 973 claims that removed the distortion in the composition of these claims created by the stratification of the sample. The composite percent of claims



requiring more than 10 days to process resulting from these calculations was 0.1723%. Conversely, 99.83% of the 973 claims were processed in 10 days or less.

The calculations are shown below:

2024 Breakdown by Claim			More than 10 Days to Process		
Claim Type	Claim Volume	Distribution	#	Proportion of 200 (Except FEK Rx, out of 173)	Weighted Average
FEK Rx	173	0.00012%	87	50%	0.00006%
Medicare EC	122,904,550	83.33%	0	0.0%	0.0%
Part A FEK	150,641	0.10%	1	1.00%	0.001%
Part B FEK	2,302,696	1.56%	22	11%	0.17%
Clearinghouse EC	22,130,841	15.01%	0	0.0%	0.0%
<b>Total</b>	147,488,901	100.00%	110		0.1723%

In the sample examined, the weighted average figure is 99.83% (1 minus 0.001723). The sample value substantiates the claim that 98% of claims are processed in 10 days or less.

Additionally, the claim that 99% of claims are processed in 10 days or less is also substantiated.

**Claim: More People Choose UnitedHealthcare for Their Medicare Coverage Than Any Other Company, Making Them the #1 Insurer of Medicare Plans in The Nation**

*Data Sources*

A combination of data extracts from the Health Coverage Portal™ (provided by Mark Farah Associates (MFA)) and a summary report from Centers for Medicare and Medicaid Services (CMS) were used to substantiate this claim.

The MFA data regards the 2024 Medicare Supplement (MS) Insurance Experience Exhibits filed with the National Association of Insurance Commissioners (NAIC) as of May 16, 2025. Data was provided with the following caveats:

- The data elements are valid indicators of Medicare Supplement business but are not necessarily complete or all-revealing.
- Compliance and levels of reporting are unknown; the data is presented as provided in electronic data files that MFA licenses from the NAIC.

The CMS data reflects enrollment activity through December 6, 2024. This data regards aggregate Medicare Advantage (MA) enrollment.

*Method of Substantiation*

Both data sources contain aggregate enrollment counts at the parent company level.

Companies with the highest enrollment volume in both files were matched to obtain a single total of MS and MA enrollment.

*Results of the Audit*

From these enrollment totals, the total number of MA and MS enrollees for UnitedHealthcare was found to be greater than any other company, 14,160,715. The company with the second largest enrollment had 6,126,304 enrollees. The claim that more people choose UnitedHealthcare for their Medicare coverage than any other company is therefore substantiated.

**Claim: UnitedHealthcare Has Been Serving the Healthcare Needs of People Like You for More Than 50 Years.**

*Data Sources*

The information used to substantiate this claim is publicly available from several sources. Information was substantiated for UnitedHealthcare Insurance Company, UnitedHealthcare Insurance Company of America, and UnitedHealthcare Insurance Company of New York, three affiliated entities known as UnitedHealthcare. In particular, the National Association of Insurance Commissioners' [Consumer Insurance Search Results](#) was used to substantiate dates of incorporation for each company. The specific report for UnitedHealthcare Insurance Company may be found at [this link](#). The specific report for UnitedHealthcare Insurance Company of America at [this link](#), and the specific report for UnitedHealthcare Insurance Company of New York at [this link](#).

*Results of the Audit*

According to this information, the date UnitedHealthcare Insurance Company became incorporated is April 11, 1972. Starting from April 11, 1972 and ending in the final day of 2024 (December 31, 2024) results in 52.8 total years in business. The date UnitedHealthcare Insurance Company of America became incorporated is September 6, 1974. Starting from September 6, 1974 and ending in the final day of 2024 results in 50.4 total years in business. The date UnitedHealthcare Insurance Company of New York became incorporated is January 1, 1987. Starting from January 1, 1987 and ending in the final day of 2024 results in 38 total years in business.

Therefore, the claim that UnitedHealthcare has been serving the healthcare needs of people like you for more than 50 years is substantiated for UnitedHealthcare Insurance Company and UnitedHealthcare Insurance Company of America.

However, regarding UnitedHealthcare Insurance Company of New York, we can only substantiate that "UnitedHealthcare has been serving the healthcare needs of people like you for more than 35 years."

**Claim: Among surveyed members within UnitedHealthcare’s portfolio of plans, 4 out of 5 are satisfied with the benefits and coverage provided by their plan.**

#### *Data Sources*

The information used to substantiate this claim comes from a research survey conducted by Human8 between the dates of March 12, 2025 and April 9, 2025. This survey was sent to UnitedHealthcare members enrolled in a Medicare Advantage (MA), Medicare Supplement (MS), Dual Special Needs (DSNP), or Chronic Condition Special Needs (CSNP) plan.

Surveyed members within each type of plan aligned with overall proportions of the business as noted in the table below. Surveyed members within each type of plan were also balanced on gender to match member population proportions.

Plan Type	Proportion	Total Analyzed in Survey Data	Gender Proportions
Medicare Advantage	42%	n=1,260	Male: 41.98% Female: 53.41% Other: 3.65% Prefer not to answer: 0.95%
Medicare Supplement	37%	n=1,110	Male: 49.19% Female: 47.48% Other: 2.79% Prefer not to answer: 0.54%
Dual Special Needs	18%	n=540	Male: 33.33% Female: 61.67% Other: 3.89% Prefer not to answer: 1.11%
Chronic Condition Special Needs	3%	n=90	Male: 42.22% Female: 53.33% Other: 4.44% Prefer not to answer: 0%
<b>Total</b>	<b>100%</b>	<b>n=3,000</b>	

Surveyed members were asked the following question:

Question: Are you satisfied or not satisfied with your [INSERT PLAN NAME] on the benefits and coverage provided?

Response options: Satisfied, Not satisfied

#### *Results of the Audit*

An audit of the data among the n=3,000 surveyed members confirmed that n=2,448 (85.53%) members responded that they are “Satisfied” with the benefits and coverage provided by their plan.

As 4 out of 5 members is equal to 80%, based on 85.53% of surveyed members stating they are satisfied with their plan, the claim “Among surveyed members within UnitedHealthcare’s M&R Portfolio, 4 out of 5 are satisfied with the benefits and coverage provided by their plan” is validated.