

SERFF Tracking Number: UHLC-125616050 State: Arkansas
Filing Company: United HealthCare Insurance Company State Tracking Number: 38752
Company Tracking Number:
TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001C Any Size Group - Other
Product Name: Extended Coverage - Hospitalized
Project Name/Number: UHIC Extended Coverage Revision/EXCOVHosp041808UHIC

Filing at a Glance

Company: United HealthCare Insurance Company

Product Name: Extended Coverage - Hospitalized SERFF Tr Num: UHLC-125616050 State: ArkansasLH

TOI: H16G Group Health - Major Medical SERFF Status: Closed State Tr Num: 38752
Sub-TOI: H16G.001C Any Size Group - Other Co Tr Num: State Status: Approved-Closed
Filing Type: Form Co Status: Reviewer(s): Rosalind Minor
Author: Gary Officer Disposition Date: 04/22/2008
Date Submitted: 04/18/2008 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: UHIC Extended Coverage Revision
Project Number: EXCOVHosp041808UHIC
Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Not Filed
Date Approved in Domicile:
Domicile Status Comments: The forms being submitted are Arkansas specific and will not be filed in nor used in our domiciliary state of Connecticut.

Explanation for Combination/Other:
Submission Type: New Submission

Market Type: Group
Group Market Size: Small and Large
Group Market Type: Employer

Overall Rate Impact:
Filing Status Changed: 04/22/2008
State Status Changed: 04/22/2008
Corresponding Filing Tracking Number:

Deemer Date:

Filing Description:

Revisions to UHIC COCs for Extended Coverage if Hospitalized

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Company and Contact

Filing Contact Information

Gary Officer, Senior Contract Specialist Gary_F_Officer@uhc.com
 5901 Lincoln Dr (952) 992-5515 [Phone]
 Edina, MN 55436

Filing Company Information

United HealthCare Insurance Company CoCode: 79413 State of Domicile: Connecticut
 450 Columbus Boulevard Group Code: 707 Company Type: Health
 PO Box 150450
 Hartford, CT 06115-0450 Group Name: State ID Number:
 (215) 653-8046 ext. [Phone] FEIN Number: 36-2739571

Filing Fees

Fee Required? Yes
 Fee Amount: \$60.00
 Retaliatory? No
 Fee Explanation: \$20 per form - three forms
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United HealthCare Insurance Company	\$60.00	04/18/2008	19718980

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	04/22/2008	04/22/2008

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Disposition

Disposition Date: 04/22/2008

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Cover Letter	Approved-Closed	Yes
Supporting Document	Readability Certification	Approved-Closed	Yes
Form	Extended Coverage - Hospitalization Amd - UHIC - 2007	Approved-Closed	Yes
Form	Extended Coverage - Hospitalization Amd - UHIC - 2001	Approved-Closed	Yes
Form	Extended Coverage - Hospitalization Amd - AFL	Approved-Closed	Yes

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Form Schedule

Lead Form Number: EXTCOVHOSP.AMD.I.07.AR

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	EXTCOVHOSP.AMD.I.07.AR	Certificate	Extended Coverage - Initial Hospitalization Amd - UHIC - 2007	t, Insert	Page, Endorsement or Rider	46	Extended Coverage - Hospitalization Amendment - UHIC - 2007.pdf
Approved-Closed	EXTCOVINPT.AMD.I.01.AR	Certificate	Extended Coverage - Initial Hospitalization Amd - UHIC - 2001	t, Insert	Page, Endorsement or Rider	46	Extended Coverage - Hospitalization Amendment - UHIC - 2001.pdf
Approved-Closed	EXTCOVHOSP.AMD.I.07.AR	Certificate	Extended Coverage - Initial Hospitalization Amd - AFL	t, Insert	Page, Endorsement or Rider	46	Extended Coverage - Hospitalization Amendment - AFL.pdf

Extended Coverage if You Are Hospitalized Amendment

United HealthCare Insurance Company

Because this Amendment is part of a legal document (the *Group Policy*), we want to give you information about the document that will help you understand it. Certain capitalized words have special meanings. We have defined these words in the *Certificate of Coverage (Certificate)* in *Section 9: Defined Terms*.

The *Extended Coverage if You Are Hospitalized* provision in the *Certificate* under *Section 4: When Coverage Ends* is replaced with the following:

Extended Coverage if You are Hospitalized

This provision is applicable only if the Policy terminates and is replaced by a group health insurance policy or contract issued by another insurer or by a self-funded health care plan. However, the extension of coverage does not apply if termination of the Policy occurs due to non-payment of Premium or fraud.

If you are an inpatient in a Hospital or other inpatient facility on the date your coverage under the Policy would otherwise terminate as described in the paragraph above, coverage will be extended until the earlier of:

- The date your Inpatient Stay ends, or
- The date you have exhausted the Inpatient Stay benefits under the Policy.

Contract Issuance: Include Effective Date only if Amendment is to be mailed separate from the COC. Do not include effective date when amendment is issued as part of the COC.

[Effective Date of this Amendment: _____]

(Name and Title)

Amendment to the Certificate of Coverage

The Certificate of Coverage is modified as described in this Amendment.

Section 8: When Coverage Ends

General Information about When Coverage Ends is replaced by the following:

General Information about When Coverage Ends

We may discontinue this Benefit plan and/or all similar benefit plans at any time for the reasons explained in the Policy, as permitted by law.

Your entitlement to Benefits automatically ends on the date that coverage ends, even if you are otherwise receiving medical treatment on that date. *This does not apply if you are an inpatient in a Hospital on the date your coverage under the Policy would otherwise end, as described under *Extended Coverage if You are an Inpatient*.*

When your coverage ends, we will still pay claims for Covered Health Services that you received before your coverage ended. However, once your coverage ends, we do not provide Benefits for health services that you receive for medical conditions that occurred before your coverage ended.

An Enrolled Dependent's coverage ends on the date the Subscriber's coverage ends.

[To continue reading, go to right column on this page]

[To continue reading, go to left column on next page.]

Extended Coverage if You are an Inpatient is added:

Extended Coverage if You are an Inpatient

This provision is applicable only if the Policy terminates and is replaced by a group health insurance policy or contract issued by another insurer or by a self-funded health care plan. However, the extension of coverage does not apply if termination of the Policy occurs due to non-payment of Premium or fraud.

If you are an inpatient in a Hospital or other inpatient facility on the date your coverage under the Policy would otherwise terminate as described in the paragraph above, coverage will be extended until the earlier of:

- The date your Inpatient Stay ends, or
- The date you have exhausted the Inpatient Stay benefits under the Policy.

(Name and Title)

[To continue reading, go to right column on this page]

[To continue reading, go to left column on next page.]

Extended Coverage if You Are Hospitalized Amendment

United HealthCare Insurance Company

Because this Amendment is part of a legal document (the *Group Policy*), we want to give you information about the document that will help you understand it. Certain capitalized words have special meanings. We have defined these words in the *Certificate of Coverage (Certificate)* in *Section 9: Defined Terms*.

The *Extended Coverage if You Are Hospitalized* provision in the *Certificate* under *Section 2: When Coverage Ends* is replaced with the following:

Extended Coverage if You are Hospitalized

This provision is applicable only if the Policy terminates and is replaced by a group health insurance policy or contract issued by another insurer or by a self-funded health care plan. However, the extension of coverage does not apply if termination of the Policy occurs due to non-payment of Premium or fraud.

If you are an inpatient in a Hospital or other inpatient facility on the date your coverage under the Policy would otherwise terminate as described in the paragraph above, coverage will be extended until the earlier of:

- The date your Inpatient Stay ends, or
- The date you have exhausted the Inpatient Stay benefits under the Policy.

Contract Issuance: Include Effective Date only if Amendment is to be mailed separate from the COC. Do not include effective date when amendment is issued as part of the COC.

[Effective Date of this Amendment: _____]

(Name and Title)

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name: Certification/Notice **Review Status:** Approved-Closed 04/22/2008
Comments:
Attachment:
Certificate of Compliance with Rule & Regulation 19 - UHIC.pdf

Bypassed -Name: Application **Review Status:** Approved-Closed 04/22/2008
Bypass Reason: The forms being submitted are not policy forms; they are amendment forms to revise language in the policy forms.
Comments:

Satisfied -Name: Cover Letter **Review Status:** Approved-Closed 04/22/2008
Comments:
Attachment:
Cover Letter - UHIC.pdf

Satisfied -Name: Readability Certification **Review Status:** Approved-Closed 04/22/2008
Comments:
Attachment:
Readability Certification - UHIC.pdf

**Certificate of Compliance with
Arkansas Rule and Regulation 19**

Insurer: United HealthCare Insurance Company

Form Number(s): EXTCOVHOSP.AMD.I.07.AR
 EXTCOVINPT.AMD.I.07.AR
 EXTCOVHOSP.AMD.AFL.I.07.AR

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19.



Signature of Company Officer

Forrest G. Burke

Name

Secretary

Title

April 18, 2008

Date



UnitedHealthcare
5901 Lincoln Drive Edina MN 55436

April 18, 2008

Rosalind Minor
Senior Certified Rate & Form Analyst
Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

Re: United HealthCare Insurance Company, NAIC #79413

Filing of Group Health Insurance Amendment - for Extended Coverage If Hospitalized

<u>Form Number</u>	<u>Form Name and Description</u>
EXTCOVHOSP.AMD.I.07.AR	Amendment - Extended Coverage If You Are Hospitalized - 2007 Form Series
EXTCOVINPT.AMD.I.01.AR	Amendment - Extended Coverage If You Are an Inpatient - 2001 Form Series
EXTCOVHOSP.AMD.AFL.I.07.AR	Amendment - Extended Coverage If You Are Hospitalized - Access for Life Form Series

Dear Ms. Minor:

On behalf of United HealthCare Insurance Company, the above Amendments are being submitted for your Department's review and approval. Our intent is to use these forms to change the "Extended Coverage if You Are Hospitalized" and "Extended Coverage if You Are an Inpatient" provisions in our 2001, 2007 and Access for Life form series so that these provisions more closely follow the language and requirements of Arkansas statute 23-86-116. This results from our having noticed that the language of the provision "Extended Coverage if You Are Hospitalized" in our 2007 series Certificate of Coverage (Section 4: When Coverage Ends of the Certificate of Coverage) was broader than the extended coverage we provide in most other states and more generous than the extension of coverage requirement in Arkansas statute 23-86-116. We found the same situation with our 2001 series and Access for Life series Certificates of Coverage.

You and I discussed this filing over the telephone on Monday, April 14, 2008. A draft copy of the revised language was sent to you via email on Monday and you gave us verbal approval of the language on Tuesday, April 15. As you specified, once you have given us formal approval, the above Amendments will be used with new business groups as soon as possible; and the Amendments will be used with already in-force groups as of their next annual renewal.

The Amendments will be used with our group major medical insurance plans for both small and large commercial groups. We ask that your review encompass both group sizes. Amendment EXTCOVHOSP.AMD.H.07.AR is for use with our recently approved 2007 forms series, form filing POL.I.07.AR et al, approved by your Department on February 26, 2007. Amendment EXTCOVINPT.AMD.H.01.AR is for use with our 2001 forms series, form filing POLICY.01.AR, et al, approved by your Department on February 8, 2002. Amendment EXTCOVHOSP.AMD.AFL.I.07.AR is for use with our Access for Life forms series, form filing POL.AFL.I.07.AR, et al, approved by your Department on March 27, 2007.

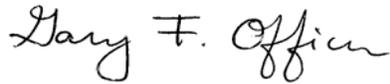
These Amendments are in final printed format with the exception of variable text and corresponding instructions.

We would like to reserve the option to build the amendatory language directly into the Certificate of Coverage forms or to use it in the amendment format, whichever we deem most appropriate for each group.

The changes resulting from the Amendments result in no impact on rates.

If you have any questions or concerns regarding this filing, please feel free to contact me using the information below. Thank you for your assistance.

Sincerely,

A handwritten signature in cursive script that reads "Gary F. Officer". The signature is written in black ink and is positioned to the left of a vertical red line.

Gary F. Officer
Contract Consultant
United HealthCare Insurance Company
Ph: (952) 992-5515
Fax: (952) 992-5105
Email: gary_f_officer@uhc.com

United Healthcare Insurance Company
NAIC #79413

CERTIFICATION OF READABILITY

This is to certify that the accompanying form(s) comply (complies) with your state's readability requirements:

A. Option Selected

The form(s) is (are) scored separately for the Flesch reading ease test (except forms entitled by law to be exempt from the requirements of such law). Score(s) for the (each) form(s) is (are) indicated below (in the attached listing).

<u>Form</u>	<u>Flesch Score</u>
EXTCOVHOSP.AMD.I.07.AR	46.1
EXTCOVINPT.AMD.I.01.AR	46.4
EXTCOVHOSP.AMD.AFL.I.07.AR	46.1

B. Test Option Selected

Test was applied to each entire policy form.

C. Standards for Certification

A checked block indicates the standard has been achieved.

- 1. The form text achieves a minimum score of **40** on the Flesch reading ease test in accordance with the option chosen in Section A above.
- 2. It is printed in not less than ten point type, one point leaded. (This does not apply to specification pages, schedules and tables.)
- 3. The layout and spacing of the policy form(s) separate the paragraphs from each other and from the border of the paper.
- 4. The section titles are captioned in bold face type or otherwise stand out significantly from the text.
- 5. Unnecessarily long, complicated or obscure words, sentences, paragraphs or constructions are not used in the form(s).



Forrest G. Burke
Secretary

Date: April 18, 2008