

SERFF Tracking Number: UHLC-126058706 State: Arkansas
Filing Company: United HealthCare Insurance Company State Tracking Number: 41713
Company Tracking Number: DEX2AMD.06
TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental
Product Name: Dental Policy Amendment
Project Name/Number: /

Filing at a Glance

Company: United HealthCare Insurance Company

Product Name: Dental Policy Amendment SERFF Tr Num: UHLC-126058706 State: ArkansasLH
TOI: H10G Group Health - Dental SERFF Status: Closed State Tr Num: 41713
Sub-TOI: H10G.000 Health - Dental Co Tr Num: DEX2AMD.06 State Status: Approved-Closed
Filing Type: Form Co Status: Reviewer(s): Rosalind Minor
Authors: Lynn Kaisershot, Jayne Disposition Date: 03/05/2009
Jackowski
Date Submitted: 03/04/2009 Disposition Status: Approved-Closed
Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: Status of Filing in Domicile:
Project Number: Date Approved in Domicile:
Requested Filing Mode: Domicile Status Comments:
Explanation for Combination/Other: Market Type: Group
Submission Type: New Submission Group Market Size: Small and Large
Overall Rate Impact: Group Market Type: Employer, Association
Filing Status Changed: 03/05/2009 Explanation for Other Group Market Type:
State Status Changed: 03/05/2009
Deemer Date: Corresponding Filing Tracking Number:
Filing Description:

We respectfully submit this form for your formal approval. This is a new form and is not intended to replace any forms previously filed with the Department.

This amendment will be used with previously approved policies to amend a policy to replace existing rates with new rates.

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These materials represent final printed format (with the exception of variable text). Items bracketed in the form with straight brackets [] indicate these items are variable and will include the correct effective date. Once approved, this form will be used to support the issuance of our portfolio of group dental products offered in your state.

Company and Contact

Filing Contact Information

Jayne Jackowski, Senior Specialty Product Analyst
 Jayne.Jackowski@eams.com
 3100 AMS Blvd. (920) 661-2234 [Phone]
 Green Bay, WI 54313 (920) 661-9861[FAX]

Filing Company Information

United HealthCare Insurance Company CoCode: 79413 State of Domicile: Connecticut
 450 Columbus Boulevard Group Code: 707 Company Type: Life and 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: \$50.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United HealthCare Insurance Company	\$50.00	03/04/2009	26117649

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	03/05/2009	03/05/2009

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Disposition

Disposition Date: 03/05/2009

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	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Form	Policy Amendment	Approved-Closed	Yes

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Form Schedule

Lead Form Number: DEX2AMD.06

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	DEX2AMD.06	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Policy Amendment	Initial			DEX2AMD.06.pdf

Amendment to Exhibit 2 to Dental Group Policy

UnitedHealthcare Insurance Company

Effective [_____], the following provision included in Exhibit 2 of this Policy is replaced by the provision shown below.

Premiums

¹Include when rates are specified in the Cost Summary (for CPS). ²Include when rates are shown below (for SCI) and insert rates.

Monthly Premiums payable by or on behalf of Covered Persons are specified [¹in the Cost Summary.] [²below:]

This Amendment is subject to applicable terms and conditions of the Policy. All terms and conditions of the Policy remain in full force and effect except to the extent modified by this Amendment.

[_____]

(Name and Title)]

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Rate Information

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Supporting Document Schedules

Bypassed -Name:	Flesch Certification	Review Status:	
Bypass Reason:	Will be used with Policy DPOL.06 approved 2/5/2007.	Approved-Closed	03/05/2009
Comments:			

Bypassed -Name:	Application	Review Status:	
Bypass Reason:	Not Applicable. Will be used with policy DPOL.06 approved 2/5/2007.	Approved-Closed	03/05/2009
Comments:			