

SERFF Tracking Number: UHLC-126063435 State: Arkansas
Filing Company: United HealthCare Insurance Company State Tracking Number: 41748
Company Tracking Number: VEX1AMD.06
TOI: H20G Group Health - Vision Sub-TOI: H20G.000 Health - Vision
Product Name: Group Vision
Project Name/Number: Vision Policy Amendment/

Filing at a Glance

Company: United HealthCare Insurance Company

Product Name: Group Vision

TOI: H20G Group Health - Vision

Sub-TOI: H20G.000 Health - Vision

Filing Type: Form

SERFF Tr Num: UHLC-126063435 State: ArkansasLH

SERFF Status: Closed

Co Tr Num: VEX1AMD.06

Co Status:

Authors: Lynn Kaisershot, Jayne
Jackowski

Date Submitted: 03/09/2009

State Tr Num: 41748

State Status: Approved-Closed

Reviewer(s): Rosalind Minor

Disposition Date: 03/11/2009

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Vision Policy Amendment

Project Number:

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 03/11/2009

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Group Market Type: Employer, Association

Explanation for Other Group Market Type:

State Status Changed: 03/11/2009

Corresponding Filing Tracking Number:

Deemer Date:

Filing Description:

We respectfully submit this form for your [formal approval/information]. 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 vision 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	03/09/2009	26239388

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	03/11/2009	03/11/2009

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Disposition

Disposition Date: 03/11/2009

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: VEX1AMD.06

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	VEX1AMD.06	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Policy Amendment	Initial			VEX1AMD.06.pdf

Amendment to Exhibit 1 to Group Vision Care Insurance Policy

UnitedHealthcare Insurance Company

Effective [_____], the following provision included in Exhibit 1 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

Rate data does NOT apply to filing.

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Supporting Document Schedules

Review Status:
Bypassed -Name: Flesch Certification Approved-Closed 03/11/2009
Bypass Reason: Amendment to be used with policy VPOL.06 approved by your department 2/5/2007.
Comments:

Review Status:
Bypassed -Name: Application Approved-Closed 03/11/2009
Bypass Reason: Not applicable. Amendment to be used with policy VPOL.06 approved by your department 2/5/2007.
Comments: