

SERFF Tracking Number: ANTD-126095241 State: Arkansas  
Filing Company: Unicare Life & Health Insurance Company State Tracking Number: 42150  
Company Tracking Number: 09-0019  
TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001A Any Size Group - PPO  
Product Name: Specialty RX  
Project Name/Number: /

## Filing at a Glance

Company: Unicare Life & Health Insurance Company

Product Name: Specialty RX

SERFF Tr Num: ANTD-126095241 State: Arkansas

TOI: H16G Group Health - Major Medical

SERFF Status: Closed-Approved-  
Closed State Tr Num: 42150

Sub-TOI: H16G.001A Any Size Group - PPO

Co Tr Num: 09-0019

State Status: Approved-Closed

Filing Type: Form

Author:

Reviewer(s): Rosalind Minor

Date Submitted: 04/20/2009

Disposition Date: 05/11/2009

Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name:

Status of Filing in Domicile: Authorized

Project Number:

Date Approved in Domicile: 03/19/2009

Requested Filing Mode: Review & Approval

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

Filing Status Changed: 05/11/2009

Explanation for Other Group Market Type:

State Status Changed: 05/11/2009

Deemer Date:

Created By: Kimberly M. Rogers

Submitted By: Kimberly M. Rogers

Corresponding Filing Tracking Number:

Filing Description:

Re: UNICARE Life & Health Insurance Company

NAIC# 435-80314 FEIN# 52-0913817

Filing ID# 09-0019

New Submission ----- Group Health

GCR 3087 ----- Certificate Insert Page

GCR 3088-----Certificate Insert Page

Previously Approved----- Approval Date

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 GPI 1000-1--- Policy of Inclusion---May 28, 1996  
 GCR 100-PI---Certificate Exhibit---May 28, 1996

Dear Commissioner :

Enclosed for filing on a general use basis are the above captioned forms. The forms are new and not intended to replace any currently on file with your Department.

The purpose of the forms is to modify our previously approved prescription drug program to address the eligibility for and coverage parameters of specialty drugs when such are utilized by a covered person.

The forms appear in final print format. There is no rate impact associated with the use of this verbiage.

## Company and Contact

### Filing Contact Information

Nancy E. Kline, Sr. Compliance Specialist Nancy.Kline@wellpoint.com  
 233 S. Wacker Dr., Suite 3900 312-234-7813 [Phone]  
 Chicago, IL 60606 312-234-7502 [FAX]

### Filing Company Information

Unicare Life & Health Insurance Company CoCode: 80314 State of Domicile: Indiana  
 233 S. Wacker Dr., Suite 3900 Group Code: Company Type: Life & Health  
 Insurance  
 Chicago, IL 60606 Group Name: State ID Number:  
 (312) 234-7893 ext. [Phone] FEIN Number: 52-0913817  
 -----

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$70.00  
 Retaliatory? Yes  
 Fee Explanation: \$35 PER FORM X 2 = \$70.00  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Unicare Life & Health Insurance Company	\$0.00	04/20/2009	

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	05/11/2009	05/11/2009

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
FILING FEES	Note To Reviewer	Kimberly M. Rogers	04/20/2009	04/20/2009

*SERFF Tracking Number:*     *ANTD-126095241*                     *State:*                     *Arkansas*  
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## **Disposition**

Disposition Date: 05/11/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.



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*Product Name:*                 *Specialty RX*  
*Project Name/Number:*         */*

**Note To Reviewer**

**Created By:**

Kimberly M. Rogers on 04/20/2009 10:03 AM

**Last Edited By:**

Rosalind Minor

**Submitted On:**

05/11/2009 03:05 PM

**Subject:**

FILING FEES

**Comments:**

The required filing fees for this submission have been sent via United States Postal Service on April 20, 2009.  
The check number is 61235359, in the amount of \$70.00

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## Form Schedule

### Lead Form Number:

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 05/11/2009	GCR 3087	Certificate	GCR 3087	Initial			GCR 3087.pdf
Approved-Closed 05/11/2009	GCR 3088	Certificate	GCR 3088	Initial			GCR 3088.pdf

**Specialty Drugs:** are Prescription Drugs which:

1. Are only approved to treat limited patient populations, indications, or conditions;
2. Are normally injected, infused, or require close monitoring by a Physician or clinically trained individual; or
3. Have limited availability, special dispensing and delivery requirements, and/or require additional patient support – any or all of which make the Drug difficult to obtain through traditional pharmacies.

Network Specialty Pharmacies may fill both retail and mail service Specialty Drug prescriptions subject to a [30]-day supply for Retail or Mail Order, and subject to the applicable [Coinsurance] [Copayment] shown in the Schedule of Benefits.

Network Specialty Pharmacies have dedicated patient care coordinators to help you manage your condition and offer toll-free twenty-four hour access to nurses and registered pharmacists to answer questions regarding your medications.

You may obtain the list of Network Specialty Pharmacies and covered Specialty Drugs by calling the Customer Service number on your ID card or review the lists on our website at [www.unicare.com](http://www.unicare.com).

### **Specialty Drugs – Doctor’s Office or Home Health Care**

Certain Specialty Drugs obtained in your Doctor’s office or through a Home Health Care Provider must be ordered through our Specialty Pharmacy Network by you, your Doctor, or your Home Health Care Provider. You may obtain the list of Specialty Drugs subject to this requirement by calling the Customer Service number on your ID card or reviewing the list on our website at [www.unicare.com](http://www.unicare.com). If such Specialty Drugs are not ordered through our Specialty Pharmacy Network, [no benefits are payable -or- benefits will be reduced.]

The requirement that Specialty Drugs must be ordered through our Specialty Pharmacy Network may be waived in the following circumstances:

1. The [first two claims] for a Specialty Drug when obtained through a Network Provider;
2. Specialty Drugs which must be provided within [5] days of their initial order.
3. The Member participates in a state or federally sponsored financial assistance program for their Specialty Drug.  
GCR 3087

To request an Exception, you must complete an Exception to Specialty Drug Program Request Form and submit it to us by mail, fax or e-mail. The forms can be obtained from Unicare by calling the Customer Service number on your ID card or online at [www.Unicare.com](http://www.Unicare.com). If we agree to grant an exception, it will be in writing and will be good for [12 months] from the time it is given. After [12 months], you may request an extension of the Exception by completing and submitting a second Exception request. If We deny your request for an Exception, it will be in writing and will provide the basis for such denial.

Unless you qualify for an Exception, [you will not receive any benefits under this Certificate] [benefits under this Certificate will be reduced] if Specialty Drugs are not secured through the Specialty Pharmacy Network.

**[For separate cost-shares**

**Important Note Regarding Copayments / Coinsurance Required for Specialty Drugs Obtained in the Physician's Office Visit [or as part of the Home Care Benefit]** Please note that when Specialty Drugs are obtained in the Physician's office [or as part of the Home Care benefit], the Copayments / Coinsurance listed under "Prescription Drugs" in the Schedule of Benefits will not apply. Instead, please refer to the "Physician Home Visits and Office Services" and "Home Care Services" provisions in the Schedule of Benefits for details on how benefits will be paid.

GCR 3088

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## Supporting Document Schedules

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b>	Flesch Certification	Approved-Closed	05/11/2009
<b>Comments:</b>			
<b>Attachment:</b>			
AR-Readability.pdf			

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b>	Application	Approved-Closed	05/11/2009
<b>Bypass Reason:</b>	Not Applicable		
<b>Comments:</b>			



## CERTIFICATION OF COMPLIANCE WITH READABILITY STANDARDS

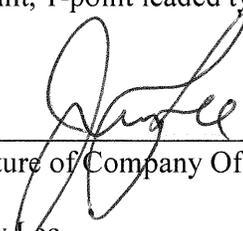
Unicare Life & Health Insurance Company hereby certifies that this filing complies with Arkansas Code Annotated §23-80-206. The Flesch reading ease test scores derived by analysis of the entire text of the following forms are:

<u>Form Number</u>	<u>Flesch Score</u>
GCR 3087	49.3 when integrated to certificate drawn from existing library
GCR 3088	

Exclusions from scoring are limited to:

- the name, number or title of the policy or certificate forms;
- the table of contents;
- captions, subcaptions and form numbers;
- specification pages;
- schedules and tables; and
- any specific language required by state statute.

These forms are printed, except for specification pages, schedules and tables, in not less than 10-point, 1-point leaded typeface.

  
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Signature of Company Officer:

Jimmy Lee  
Vice-President and General Manager

Date : April 3, 2009