

SERFF Tracking Number: UHLC-126233033 State: Arkansas
Filing Company: UnitedHealthcare Insurance Company State Tracking Number: 42935
Company Tracking Number:
TOI: H16G Group Health - Major Medical Sub-TOI: H16G.002C Large Group Only - Other
Product Name: AR Hearing Aid Offer
Project Name/Number: AR Hearing Aid Offer/

Filing at a Glance

Company: UnitedHealthcare Insurance Company

Product Name: AR Hearing Aid Offer SERFF Tr Num: UHLC-126233033 State: ArkansasLH
TOI: H16G Group Health - Major Medical SERFF Status: Closed State Tr Num: 42935
Sub-TOI: H16G.002C Large Group Only - OtherCo Tr Num: State Status: Approved-Closed
Filing Type: Form Co Status: Reviewer(s): Rosalind Minor
Authors: Judith Davenport, Becky Disposition Date: 07/21/2009
Kieran, Martha Blanke
Date Submitted: 07/17/2009 Disposition Status: Approved-Closed
Implementation Date Requested: 01/01/2010 Implementation Date:

State Filing Description:

General Information

Project Name: AR Hearing Aid Offer
Project Number:
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 07/21/2009

Status of Filing in Domicile: Not Filed
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Group
Group Market Size: Large
Group Market Type: Employer
Explanation for Other Group Market Type:
State Status Changed: 07/21/2009
Corresponding Filing Tracking Number:

Deemer Date:

Filing Description:

Enclosed please find a new Hearing Aid Rider that replaces Hearing Aid Rider SRINS-HR-AR which was approved by your Department on February 20, 2009 under SERFF Filing UHLC-126036498. This revised Rider is being filed as a result of the new requirements of Act 1179 of 2009 - Mandatory Offering For Coverage of Hearing Aids, effective January 1, 2010. This new Rider will be used with the previously approved large group policy forms SRINS-POL, et al.

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Company and Contact

Filing Contact Information

Judith Davenport, Manager judy.davenport@uhc.com
 5995 Plaza Dr. (714) 226-3507 [Phone]
 Cypress, CA 90630 (714) 226-3238[FAX]

Filing Company Information

UnitedHealthcare 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:
 (860) 702-5000 ext. [Phone] FEIN Number: 36-2739571

Filing Fees

Fee Required? Yes
 Fee Amount: \$20.00
 Retaliatory? Yes
 Fee Explanation: Filing of Rider to be used with previously approved policy forms.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
UnitedHealthcare Insurance Company	\$20.00	07/17/2009	29270991

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	07/21/2009	07/21/2009

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Disposition

Disposition Date: 07/21/2009

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	Hearing Aid Rider	Approved-Closed	Yes

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Form Schedule

Lead Form Number: SRINS-HAOFFER-AR

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	SRINS-HAOFFER-AR	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Hearing Aid Rider	Initial		45	SRINS-HAOFFER-AR.pdf

UNITEDHEALTHCARE INSURANCE COMPANY

(the "Company")

[450 Columbus Blvd.

P.O.Box 150450

Hartford, CT 06115-0450]

[SECURE HORIZONS]

[SENIOR SUPPLEMENT][SENIOR SECURITY]

[UNITEDHEALTHCARE][RETIREE BENEFIT] [PLAN]

Hearing Aid Benefit Rider

UnitedHealthcare Insurance Company

(Herein called We, Our, Us and the Company)

[450 Columbus Blvd.]

[Hartford, CT 06115-0450]

This Rider is issued as part of the Policy and any Certificate to which it is attached. This Rider is subject to all the terms and provisions of the Policy, except as stated below. In consideration of any additional Premium, We will provide the coverage described in this Rider.

BENEFITS

The Company will pay a Hearing Aid Benefit for Covered Expenses incurred by a Covered Person for Covered Services described in the Hearing Aid Schedule of Benefits, subject to the Exclusions and Limitations described in this Rider, which do not exceed any applicable maximum shown in the Certificate of this Rider.

This Benefit is not subject to any Deductibles or Copayments shown in the Policy.

Hearing Aid Schedule of Benefits. Benefits will not exceed the limits set forth below:

Hearing Aid Schedule of Benefits	
Hearing Aid[s]	Limited to 1 Hearing Aid per ear every 3 [Calendar][Plan] Years
Hearing Aid Maximum Benefit: [\$1,400-\$5,000] per ear for each 3-year period.	

COVERED SERVICES

Covered Services are limited to those services that are:

1. for the care of a Hearing Impairment or loss; and
2. provided by a Physician, or licensed or certified therapist.

HEARING CARE BENEFIT MAXIMUM

The Hearing Care Benefit Maximum per Covered Person for all Covered Expenses is the amount shown in the Hearing Care Benefit Schedule of Benefits. It applies separately to each Covered Person.

DEFINITIONS

[**Calendar Year** means January 1, 12:00 a.m. to December 31, 11:59 p.m. of the same year.]

Hearing Aid means an instrument or device, including repair and replacement parts that: (a) is designed and offered for the purpose of aiding persons with or compensating for impaired hearing; (b) is worn in or on the body; and (c) is generally not useful to a person in the absence of a hearing impairment.

Hearing Impairment means a reduction in the ability to perceive sound and may range from slight to complete deafness.

[**Plan Year** means any consecutive 12 month period beginning on the Effective Date shown in the Policy.]

EXCLUSIONS AND LIMITATIONS

Hearing Care Benefits are not payable for expenses excluded by the Certificate, unless provided for in this Benefit Rider, and for the following:

1. Care or treatment for a Hearing Impairment due to a functional nervous disorder;
2. Services or supplies covered in whole or in part under any other portion of the Policy or under any other medical expense benefits for hearing benefits provided by the Employer;
3. Medical or surgical treatment of Hearing Impairment;
4. Outpatient Prescription Drugs, or other medications to treat Hearing Impairment;
5. Any treatment or services caused by or arising out of the course of employment, or covered under any public liability insurance, including but not limited to Workers' Compensation programs;
6. [Hearing Aids] prescribed by a Physician prior to the Covered Person's Effective Date under the Policy, or after the Covered Person's termination of coverage under the Policy;
7. [Hearing Aids prescribed by a Physician while the Covered Person is covered under the Policy, but delivered to the Covered Person more than thirty (30) days after the Covered Person's termination of coverage under the Policy;]
8. [Hearing Aids] for which the Covered Person is not obligated to pay, or for which no charge would be made in the absence of [Hearing Aid] coverage under the Policy;
9. [Hearing Aids] which are not Medically Necessary or not prescribed by a Physician;
10. [Hearing Aids] that do not meet professionally accepted standards or practice, including [Hearing Aids] which are for Experimental and/or Investigational treatment;
11. [Hearing Aids] provided by any governmental agency or that are obtained by the Covered Person without cost;
12. [Replacement of Hearing Aids that are lost, broken or stolen unless, at the time of such replacement, the Covered Person is otherwise eligible for a hearing aid benefit under the Policy;]
13. Charges for the completion of any benefit request forms.

Payment of Hearing Aid Benefits is subject to all of the terms of the Policy that are not inconsistent with these provisions, including, but not limited to, the Policy Exclusions and Limitations.

EFFECTIVE DATE

This Rider is effective on the Effective Date of the Group Health Insurance Policy and Certificate to which it is attached, and is subject to all the provisions, definitions, limitations and conditions of the Policy and Certificate. This Rider terminates at the same time as the Group Health Insurance Policy and Certificate. This Rider does not change, waive or extend any part of the Policy and Certificate other than as stated herein.

Signed on behalf of UnitedHealthcare Insurance Company

A handwritten signature in black ink, appearing to read "Allen", followed by a long horizontal flourish.

[Allen J. Sorbo]
President

Notes

Underwritten by UnitedHealthcare Insurance Company

Customer Service

[1-800-XXX-XXXX]

[(or for the hearing impaired, 1-800-XXX-XXXX)]

[7 a.m. to 7 p.m.] [Local Time] [PT] [MT] [ET] [CT]

[Monday through Friday]

[Visit our Web site at www.XXXXXXXXXX@uhc.com]

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Rate Information

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Supporting Document Schedules

Satisfied -Name: Flesch Certification **Review Status:** Approved-Closed 07/21/2009
Comments:
Attached please find a Certification of Readability and a Certification of Unfair Sex Discrimination.
Attachments:
CERTIFICATION OF READABILITY.pdf
CERTIFICATION OF UNFAIR SEX DISCRIMINATION.pdf

Bypassed -Name: Application **Review Status:** Approved-Closed 07/21/2009
Bypass Reason: This is not a policy filing, but a Rider for use with previously approved policy forms approved on 2/20/09 under SERFF Filing UHLC-126036498.
Comments:

CERTIFICATION OF READABILITY

Re: UnitedHealthcare Insurance Company
NAIC: #79413, FEIN 35-2739571

I certify that the form in this filing has been tested under the Flesch methodology and meets the minimum required reading ease score of 45.

The following language or terminology has been excepted from scoring: Name and address of Insurer; Name, number and title of the form; Titles, Captions and Sub-captions; schedules or tables; language required by any federal or state law, regulation or agency interpretation; any medical terminology; and the section entitled Definitions.



Signature of Authorized Representative

Vice President Compliance
Title of Authorized Representative

Paul D. Kallmeyer
Printed Name of Authorized Representative

July 17, 2009
Date

CERTIFICATION OF UNFAIR SEX DISCRIMINATION

I hereby certify that the form filing submitted on behalf of UnitedHealthcare Insurance Company ("UnitedHealthcare") to be used in connection with Group Health insurance Policy SRINS-POL meets the provisions of Arkansas Rule and Regulation 19, as well as applicable requirements of the Arkansas Insurance Department.



By: _____
Paul D. Kallmeyer

Title: Vice President, Compliance