

SERFF Tracking Number: UHLC-126845561 State: Arkansas
Filing Company: UnitedHealthcare Insurance Company State Tracking Number: 46971
Company Tracking Number: DGBSAMD.06 REV. 10/10
TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental
Product Name: Group Dental
Project Name/Number: International Benefits/

Filing at a Glance

Company: UnitedHealthcare Insurance Company

Product Name: Group Dental

SERFF Tr Num: UHLC-126845561 State: Arkansas

TOI: H10G Group Health - Dental

SERFF Status: Closed-Approved-
Closed State Tr Num: 46971

Sub-TOI: H10G.000 Health - Dental

Co Tr Num: DGBSAMD.06 REV. State Status: Approved-Closed
10/10

Filing Type: Form

Reviewer(s): Rosalind Minor

Authors: Jayne Jackowski, Lynn
Kaisershot

Disposition Date: 10/11/2010

Date Submitted: 10/04/2010

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: International Benefits

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: Large

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 10/11/2010

Explanation for Other Group Market Type:

State Status Changed: 10/11/2010

Deemer Date:

Created By: Jayne Jackowski

Submitted By: Jayne Jackowski

Corresponding Filing Tracking Number:

Filing Description:

We respectively submit these forms for your formal approval. These are new forms and are not intended to replace any forms previously filed with the Department.

This amendment form is being filed for large employer groups who want to provide dental benefits to employees who are outside of the United States. The amendment form makes changes and revisions to our previously filed and approved policy and certificate in order to provide these benefits. The amendment form will be used in conjunction with our previously approved policy DPOL.06, et al., approved by your Department on February 5, 2007.

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These materials represent final printed format (with the exception of variable text and corresponding instructions. Please see the following paragraphs for explanation.). Once approved, these forms will be used to support the issuance of our portfolio of group dental products offered in your state.

Explanation of Forms and Variable Text

Each form is made up of:

- Nonvariable Text that always appears in an issued document.
- Variable Text that may or may not appear in an issued document depending on the specific product and plan design selected by the Enrolling Group. Variable text is enclosed in [brackets]. Letters and numbers (excluding form numbers) may be varied. Colons, semicolons, semicolons followed by the word "or" and semicolons followed by the words "and/or" may be omitted. If omitted, a period will be substituted, if necessary. Articles such as "a" and "an" may be substituted as grammatically necessary. Whenever text is bracketed, we have included text that explains the logic of the variable; brackets do not appear in the document issued to a member.
- Instruction text provides the logic for when text is included or removed. Please note that instruction text appears only in the filing copy and will not appear in the document issued to a member.

We would like to reserve the right to build the amendatory language into the Policy/Certificate or leave it in the amendment format, whichever we deem most appropriate for the group.

Company and Contact

Filing Contact Information

Jayne Jackowski, Senior Specialty Product Analyst	Jayne.Jackowski@eams.com
3100 AMS Blvd.	920-661-2234 [Phone]
	8002325432 [Ext]
Green Bay, WI 54313	920-661-9861 [FAX]

Filing Company Information

UnitedHealthcare Insurance Company	CoCode: 79413	State of Domicile: Connecticut
185 Asylum Street	Group Code: 707	Company Type: Life and Health
Hartford, CT 06103	Group Name:	State ID Number:
(860) 702-5000 ext. [Phone]	FEIN Number: 36-2739571	

Filing Fees

SERFF Tracking Number: UHLC-126845561 State: Arkansas
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Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
UnitedHealthcare Insurance Company	\$50.00	10/04/2010	40222134

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	10/11/2010	10/11/2010

SERFF Tracking Number: UHLC-126845561 *State:* Arkansas
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Disposition

Disposition Date: 10/11/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Form	International Benefits Amendment	Approved-Closed	Yes

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Form Schedule

Lead Form Number: DGBSAMD.06

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-	DGBSAMD	Certificate	International Benefits	Initial			GS Dental
Closed	.06	Amendmen	Amendment				Amendment
10/11/2010	Rev.10/10	t, Insert					Rev 1010.pdf
		Page,					
		Endorseme					
		nt or Rider					

International Expatriate Benefits Dental Rider

UnitedHealthcare Insurance Company

¹Include when International Benefits are available to Enrolled Dependents.

This Rider to the Policy provides benefits for Covered Dental Services that are provided outside the United States to Subscribers who are Expatriates [and to their Enrolled Dependents].

¹Include when International Benefits are available to Enrolled Dependents.

International Benefits

We will pay benefits for Covered Dental Services provided by or under the direction of a Dentist to Subscribers who are Expatriates [and to their Enrolled Dependents]. An Expatriate is an Eligible Person who is sent on assignment outside his or her own country, as agreed upon between the Enrolling Group and us.

Include when International Benefits are available only within the country or geographic region to which the Expatriate has been sent on assignment. ¹Include when this limit applies also to Enrolled Dependents. ²Include only when the Expatriate's home country is not the United States. ³Select either country or geographic region.

[International Benefits are available only for Covered Dental Services provided to the Subscriber [¹and Enrolled Dependents] [²within the Expatriate's home country or] within the [³country] [³geographic region] to which the Expatriate has been sent on assignment.]

Include when International Benefits are available for Enrolled Dependents only when they reside with the Expatriate in the country to which the Expatriate has been sent on assignment.

[International Benefits are available for Enrolled Dependents only when the Enrolled Dependent resides with the Expatriate in the country to which the Expatriate has been sent on assignment.]

Definitions

The following definitions apply to the provisions of this rider:

Eligible Person - an employee of the Enrolling Group or other person whose connection with the Enrolling Group meets the eligibility requirements specified in both the application and the Policy. An Eligible Person must be an Expatriate.

Expatriate - an Eligible Person who is sent on assignment outside his or her own country, as agreed upon between the Enrolling Group and us.

Experimental, Investigational or Unproven Services - medical, dental, surgical, diagnostic, or other health care services, technologies, supplies, treatments, procedures, drug therapies or devices that, at the time the Company makes a determination regarding coverage in a particular case, is determined to be:

- A. Not approved by the U.S. Food and Drug Administration (FDA) to be lawfully marketed for the proposed use and not identified in the American Hospital Formulary Service or the United States Pharmacopoeia Dispensing Information as appropriate for the proposed use; or
- B. Subject to review and approval by any institutional review board for the proposed use; or
- C. The subject of an ongoing clinical trial that meets the definition of a Phase 1, 2 or 3 clinical trial set forth in the FDA regulations, regardless of whether the trial is actually subject to FDA oversight; or

- D. Not demonstrated through prevailing peer-reviewed professional literature to be safe and effective for treating or diagnosing the condition or illness for which its use is proposed.

Exceptions:

When medical, dental, surgical, diagnostic, and other health care services, technologies, supplies, treatments, procedures, drug therapies and devices are provided outside the United States, the determination of status as an Experimental, Investigational or Unproven Service will be made in our reasonable judgment based on clinical standards that apply within the country in which the service is provided and relevant regulatory review processes and requirements.

International Benefits - this is the description of how benefits are paid for Covered Dental Services provided by or under the direction of a Dentist outside the United States.

Include introductory sentence and provision(s) below when claims payment restrictions apply.

[The following provision regarding claims payment applies to International Benefits as provided by this rider:]

[Claims

How Claims will be Paid

We make all payments, in our discretion, in one of the following ways:

- In the currency of the invoices relating to the claim.
- In U.S. dollars.
- In the currency of your choice.

It is your responsibility to pay any charges which are not eligible for payment under the Policy.

How Exchange Rates will be Calculated

If it is necessary to make a conversion from one currency to another, we will use the mid-market exchange rate in effect on the date of service.]

Benefits

International Benefits are provided under this Rider for the Covered Dental Services identified in the *Schedule* and as described in more detail in the *Certificate* under *Section [11]: Covered Dental Services*. International Benefits are subject to all other terms, conditions, exclusions and limitations of the Policy, *Certificate* and *Schedule of Benefits* unless otherwise modified by this Rider.

Eligible Expenses for International Benefits

Eligible Expenses for International Benefits are the amount we determine that we will pay for benefits described in this Rider. Eligible Expenses are determined solely in accordance with our reimbursement policy guidelines.

When Covered Dental Services are received from a provider outside the United States, Eligible Expenses are determined, at our discretion, based on the following:

- Any applicable contracted or negotiated fee(s) with that provider.
- If the fees are not contracted or negotiated with the provider, then the Eligible Expenses will be representative of the average and prevailing charge for the same dental service in the same or similar geographic communities where the Covered Dental Service is rendered.
- In all circumstances, the charges shall not exceed the fees that the provider would charge any other party for the same dental service.

Exclusions and Limitations for International Benefits

Exclusions stated in the Certificate under Section [12]: General Exclusions apply to International Benefits described in this Rider except as modified below.

International Benefits are provided only to the extent that provision of insurance is permitted under the applicable U.S. economic or trade sanctions, and claims submitted under the Policy could be delayed or denied if the required license or other authorization cannot be obtained from the U.S. Government.

Remove exclusion [HH] when foreign services are covered. ¹Remove if Foreign Services are not covered even in an Emergency.

[HH]. Foreign Services are not Covered [¹unless required as an Emergency].

Include and complete when the Participating Employer chooses to exclude coverage by country or geographic region.

[KK.] [Dental Services provided in the following [countries] [geographic regions]:

- [North Korea.]
- [Cuba.]
- [_____.]

This amendment is subject to applicable terms and conditions of the Policy. All other provisions of the Policy remain unchanged.

[Effective Date of this Amendment: _____]

UNITEDHEALTHCARE INSURANCE COMPANY

(Name and Title)

<i>SERFF Tracking Number:</i>	<i>UHLC-126845561</i>	<i>State:</i>	<i>Arkansas</i>
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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: !Readability Certification-UHIC.pdf	Approved-Closed	10/11/2010

	Item Status:	Status Date:
Satisfied - Item: Application Comments: D-APP (10/2006) D-ASSOC-APP (10/2006) both approved 2/5/2007	Approved-Closed	10/11/2010

**CERTIFICATION OF COMPLIANCE
FOR
READABILITY**

Form Number(s) DGBSAMD.06 Rev. 10/10	Flesch Readability Score 51.7
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I hereby certify on behalf of **UnitedHealthcare Insurance Company** that the above Flesch Scale Analysis Readability Score is accurate, based on the computer program used to calculate the scores, and comply with the readability requirements in your state.

Signature



Print Name

Jayne Jackowski

Title

Compliance Analyst

Date

October 4, 2010
