

SERFF Tracking Number: UHLC-126857508 State: Arkansas
Filing Company: UnitedHealthcare Insurance Company State Tracking Number: 47037
Company Tracking Number: VGBSAMD.06 REV. 10/10
TOI: H20G Group Health - Vision Sub-TOI: H20G.000 Health - Vision
Product Name: Group Vision
Project Name/Number: International Benefits/

Filing at a Glance

Company: UnitedHealthcare Insurance Company

Product Name: Group Vision

SERFF Tr Num: UHLC-126857508 State: Arkansas

TOI: H20G Group Health - Vision

SERFF Status: Closed-Approved-
Closed State Tr Num: 47037

Sub-TOI: H20G.000 Health - Vision

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

Filing Type: Form

Reviewer(s): Rosalind Minor

Authors: Jayne Jackowski, Lynn
Kaisershot

Disposition Date: 11/01/2010

Date Submitted: 10/12/2010

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: 11/01/2010

Explanation for Other Group Market Type:

State Status Changed: 11/01/2010

Deemer Date:

Created By: Jayne Jackowski

Submitted By: Jayne Jackowski

Corresponding Filing Tracking Number:

Filing Description:

We respectfully 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 vision 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 VPOL.06, et al., approved by your Department on February 5, 2007.

<i>SERFF Tracking Number:</i>	<i>UHLC-126857508</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>UnitedHealthcare Insurance Company</i>	<i>State Tracking Number:</i>	<i>47037</i>
<i>Company Tracking Number:</i>	<i>VGBSAMD.06 REV. 10/10</i>		
<i>TOI:</i>	<i>H20G Group Health - Vision</i>	<i>Sub-TOI:</i>	<i>H20G.000 Health - Vision</i>
<i>Product Name:</i>	<i>Group Vision</i>		
<i>Project Name/Number:</i>	<i>International Benefits/</i>		

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 vision 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	

SERFF Tracking Number: UHLC-126857508 State: Arkansas
Filing Company: UnitedHealthcare Insurance Company State Tracking Number: 47037
Company Tracking Number: VGBSAMD.06 REV. 10/10
TOI: H20G Group Health - Vision Sub-TOI: H20G.000 Health - Vision
Product Name: Group Vision
Project Name/Number: International Benefits/

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
UnitedHealthcare Insurance Company	\$50.00	10/12/2010	40631595

SERFF Tracking Number: UHLC-126857508 State: Arkansas
Filing Company: UnitedHealthcare Insurance Company State Tracking Number: 47037
Company Tracking Number: VGBSAMD.06 REV. 10/10
TOI: H20G Group Health - Vision Sub-TOI: H20G.000 Health - Vision
Product Name: Group Vision
Project Name/Number: International Benefits/

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	11/01/2010	11/01/2010

SERFF Tracking Number: UHLC-126857508 State: Arkansas
Filing Company: UnitedHealthcare Insurance Company State Tracking Number: 47037
Company Tracking Number: VGBSAMD.06 REV. 10/10
TOI: H20G Group Health - Vision Sub-TOI: H20G.000 Health - Vision
Product Name: Group Vision
Project Name/Number: International Benefits/

Disposition

Disposition Date: 11/01/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: UHLC-126857508 State: Arkansas
 Filing Company: UnitedHealthcare Insurance Company State Tracking Number: 47037
 Company Tracking Number: VGBSAMD.06 REV. 10/10
 TOI: H20G Group Health - Vision Sub-TOI: H20G.000 Health - Vision
 Product Name: Group Vision
 Project Name/Number: International Benefits/

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

SERFF Tracking Number: UHLC-126857508 State: Arkansas
 Filing Company: UnitedHealthcare Insurance Company State Tracking Number: 47037
 Company Tracking Number: VGBSAMD.06 REV. 10/10
 TOI: H20G Group Health - Vision Sub-TOI: H20G.000 Health - Vision
 Product Name: Group Vision
 Project Name/Number: International Benefits/

Form Schedule

Lead Form Number: VGBSAMD.06 rev 10/10

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved- Closed 11/01/2010	VGBSAMD.06 rev. 10/10	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	International Benefits Amendment	Initial			VGBSAMD.0 6 rev. 10- 10.pdf

International Expatriate Benefits Vision Rider

UnitedHealthcare Insurance Company

¹Include when International Benefits are available to Enrolled Dependents.

This Rider to the Policy provides benefits for covered vision 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 vision Services provided by or under the direction of a Provider 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 vision 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.

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

Provider – Any optometrist, ophthalmologist, optician or other person who may lawfully provide Services to Covered Persons participating in our vision plans.

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 vision Services identified below in the *Table of Benefits* and as described in more detail in the *Certificate* under *Section [5]: Benefit Descriptions*. International Benefits are subject to all other terms, conditions, exclusions and limitations of the *Policy*, *Certificate* and *Table 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 vision 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 vision service in the same or similar geographic communities where the covered vision Service is rendered.
- In all circumstances, the charges shall not exceed the fees that the provider would charge any other party for the same vision service.

Group Vision Care Table of Benefits

The following Services will be covered as reimbursements. When obtaining these services, you will be required to pay all billed charges at the time of service. You may then obtain reimbursement from us. Reimbursement will be limited to the amounts noted in the chart below.

SERVICE	FREQUENCY OF SERVICE	INTERNATIONAL BENEFIT [Non-Network Benefits]
[Routine Vision Examination	[Once every [12][24] months]	[Up to \$100.00-\$300.00]]
[Eyeglass Frames	[Once every [12][24] months ¹]	[Up to \$110.00- \$400.00]]

[Eyeglass Lenses	[Once every [12][24] months ¹]	
• [Single Vision		[Up to \$60.00- \$400.00]]
• [Bifocal		[Up to \$80.00- \$400.00]]
• [Trifocal		[Up to \$115.00- \$400.00]]
• [Lenticular		[Up to \$130.00- \$400.00]]
[Contact Lenses	[Once every [12][24] months ¹]	[Up to \$105.00- \$400.00]]
[Necessary Contact Lenses	[Once every [12][24] months ¹]	[Up to \$210.00- \$400.00]]

[[¹]You are eligible to select only one of either eyeglasses (Eyeglass Lenses and/or Eyeglass Frames) or Contact Lenses. If you select more than one of these Services, only one Service will be covered.]

Exclusions for International Benefits

Exclusions stated in the Certificate under Section [12]: 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.

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

[15.] [Vision 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-126857508</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>UnitedHealthcare Insurance Company</i>	<i>State Tracking Number:</i>	<i>47037</i>
<i>Company Tracking Number:</i>	<i>VGBSAMD.06 REV. 10/10</i>		
<i>TOI:</i>	<i>H20G Group Health - Vision</i>	<i>Sub-TOI:</i>	<i>H20G.000 Health - Vision</i>
<i>Product Name:</i>	<i>Group Vision</i>		
<i>Project Name/Number:</i>	<i>International Benefits/</i>		

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: !Readability Certification-UHIC-Vision.pdf	Approved-Closed	11/01/2010

	Item Status:	Status Date:
Bypassed - Item: Application Bypass Reason: Not applicable-amendment filing Comments:	Approved-Closed	11/01/2010

**CERTIFICATION OF COMPLIANCE
FOR
READABILITY**

Form Number(s) VGBSAMD.06 Rev. 10/10	Flesch Readability Score 51.8
--	---

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 12, 2010
