

SERFF Tracking Number: UHLC-126858869 State: Arkansas
 Filing Company: UnitedHealthcare Insurance Company of the River Valley State Tracking Number: 47044
 Company Tracking Number:
 TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001A Any Size Group - PPO
 Product Name: Health Care Reform Amendment
 Project Name/Number: /

Filing at a Glance

Company: UnitedHealthcare Insurance Company of the River Valley

Product Name: Health Care Reform Amendment SERFF Tr Num: UHLC-126858869 State: Arkansas

TOI: H16G Group Health - Major Medical SERFF Status: Closed-Approved- Closed State Tr Num: 47044

Sub-TOI: H16G.001A Any Size Group - PPO Co Tr Num: State Status: Approved-Closed
 Filing Type: Form Reviewer(s): Rosalind Minor

Author: Ebony Terry Disposition Date: 11/01/2010

Date Submitted: 10/13/2010 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:

Requested Filing Mode:

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:

Filing Status Changed: 11/01/2010

Explanation for Other Group Market Type:

State Status Changed: 11/01/2010

Deemer Date:

Created By: Ebony Terry

Submitted By: Ebony Terry

Corresponding Filing Tracking Number:

PPACA: Non-Grandfathered Immed Mkt Reforms, Grandfathered Immed Mkt Reforms

Filing Description:

Health Care Reform Amendment

Company and Contact

Filing Contact Information

Ebony Terry, Compliance Analyst

Ebony_N_Terry@uhc.com

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800 King Farm Blvd. 240-632-8053 [Phone]
 Suite 500
 Rockville, MD 20850

Filing Company Information

UnitedHealthcare Insurance Company of the CoCode: 12231 State of Domicile: Illinois
 River Valley
 1300 River Drive, Suite 200 Group Code: 707 Company Type: Health
 Moline, IL 61265 Group Name: State ID Number:
 (309) 765-1485 ext. [Phone] FEIN Number: 20-1902768

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: 1 form x 50.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
UnitedHealthcare Insurance Company of the River Valley	\$50.00	10/13/2010	40696400

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Correspondence Summary

Dispositions

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

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Disposition

Disposition Date: 11/01/2010

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
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Supporting Document	Cover Letter	Approved-Closed	Yes
Form	Healthcare Reform Amendment	Approved-Closed	Yes

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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 11/01/2010	PPACAAM D.I.AR	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Healthcare Reform Amendment	Initial			HCR River Valley Amendment INS.pdf

Patient Protection and Affordable Care Act (PPACA) Amendment

UnitedHealthcare Insurance Company of the River Valley

As described in this Amendment, the Group Health Contract is modified as stated below.

[Because this Amendment reflects changes in requirements of Federal law, to the extent it may conflict with any Amendment issued to you previously, the provisions of this Amendment will govern.]

Because this Amendment is part of a legal document (the Group Health Contract), we want to give you information about the document that will help you understand it. Certain capitalized words have special meanings. We have defined these words in the *Certificate of Coverage (Certificate)* in *Article I: Definitions* and in this Amendment below.

When we use the words "we," "us," and "our" in this document, we are referring to UnitedHealthcare Insurance Company of the River Valley. When we use the words "you" and "your," we are referring to people who are Subscribers, as that term is defined in *Article I: Definitions*.

For some states, there is no Maximum Policy benefit, so this language will need to be revised or removed.

Maximum Policy Benefit

The **Maximum Policy Benefit per Member** provision in the *Schedule of Benefits* and all references to a **Maximum Policy Benefit** are deleted. Benefits under the Group Health Contract are not limited by a **Maximum Policy Benefit**.

¹Include if the plan will not use restricted annual limits.

Lifetime limits on the dollar amount of essential benefits available to you under the terms of your plan are no longer permitted. [¹In addition, any annual dollar limit applicable to the essential benefits listed below is no longer applicable.] Essential benefits include the following:

Ambulatory patient services; emergency services; hospitalization; maternity and newborn care; mental health and substance use disorder services (including behavioral health treatment); prescription drugs; rehabilitative and habilitative services and devices; laboratory services; preventive and wellness services and chronic disease management; and pediatric services, including oral and vision care.

On or before the first day of the first plan year beginning on or after September 23, 2010, the Group will provide a 30 day enrollment period for those individuals who are still eligible under the plan's eligibility terms but whose coverage ended by reason of reaching a **[Maximum Policy Benefit][Lifetime Benefit Maximum]** on the dollar value of all benefits.

Include if the plan will use a restricted annual limit for all essential benefits.

[Essential benefits for plan years beginning prior to January 1, 2014 can only be subject to restricted annual limits. Restricted annual limits for each person covered under the plan may be no less than the following:

- For plan years beginning on or after September 23, 2010 but before September 23, 2011, \$750,000.
- For plan years beginning on or after September 23, 2011 but before September 23, 2012, \$1,250,000.

- For plan years beginning on or after September 23, 2012 but before January 1, 2014, \$2,000,000.

For plan years beginning on or after January 1, 2014 there will be no annual dollar limit essential benefits.]

Include for non-grandfathered plans and any grandfathered plan that will have this benefit added.

¹Include for plans with non-network coverage. Do not include for network only plans.

[Preventive Care]

[[¹Network] Benefits for preventive care that are payable at 100% of Allowed Charges (without application of any Copayment, Coinsurance, or Deductible) apply to the following:

- Evidence-based items or services that have in effect a rating of "A" or "B" in the current recommendations of the *United States Preventive Services Task Force*.
- Immunizations that have in effect a recommendation from the *Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention*.
- With respect to infants, children and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the *Health Resources and Services Administration*.
- With respect to women, such additional preventive care and screenings as provided for in comprehensive guidelines supported by the *Health Resources and Services Administration*.]

Dependent Children

The following *Dependent Child Special Open Enrollment* provision is added to the Certificate, Article [2.6 Special Enrollment] under Article [2 - Eligibility Date/Effective Date]:

Dependent Child Special Open Enrollment Period

On or before the first day of the first plan year beginning on or after September 23, 2010, the Group will provide a 30 day dependent child special open enrollment period for Eligible Dependent children who are not currently enrolled under the Group Health Contract and who have not yet reached the limiting age. During this dependent child special open enrollment period, Subscribers who are adding an Eligible Dependent child and who have a choice of coverage options will be allowed to change options.

Coverage begins on the first day of the plan year beginning on or after September 23, 2010, if we receive the completed enrollment form and any required Premium within 31 days of the date the Eligible Dependent becomes eligible to enroll under this special open enrollment period.

Fraud or Intentional Misrepresentation of a Material Fact

Section [9.5] under [Article 9. General Conditions Under Which Benefits Shall Be Provided] in the Certificate is amended by replacing the section with the following:

In the event you committed an act, practice, or omission that constituted fraud or an intentional misrepresentation of a material fact in enrolling or making claim for benefits under this Certificate of Coverage, including but not limited to the unauthorized use of a Member's UnitedHealthcare identification card by any other person, UnitedHealthcare shall have the right to recover the full amount of any benefits paid on behalf of the Member.

Section [13.3.2] under [Article 13. - Termination] in the Certificate is amended by replacing the section with the following:

The Group committed an act, practice, or omission that constituted fraud or an intentional misrepresentation of a material fact under the terms of the coverage or, with respect to coverage of a Member, the Member or the Member's representative committed an act, practice, or omission that constituted fraud or an intentional misrepresentation. If the act, practice, or omission that constituted fraud

or an intentional misrepresentation of a material fact is made by a person with respect to any person's prior health condition, UnitedHealthcare has the right to deny coverage to that person or to impose as a condition of continued coverage the exclusion of the condition misrepresented.

Include for non-grandfathered plans and any grandfathered plan that will have this benefit added.

[Claims and Appeals]

[Other changes provided for under the *PPACA* impact how claims and appeals are handled and are applicable to your plan

- You have the right to appeal a rescission of coverage determination.
- If any new or additional evidence is relied upon or generated by us during the determination of an appeal we will provide it to you free of charge and sufficiently in advance of the due date of the response to the adverse benefit determination.
- With respect to any urgent request for benefits you will receive the notice of benefit determination within 24 hours after we have received all of necessary information.

Include when the state does not have the required external review process in place.

- [The *Departments of Health and Human Services, Labor and Treasury (Departments)* will establish a Federal external review process which will be available in those jurisdictions where no State external review process is in effect. Where applicable, once the process has been established by the *Departments* we will provide you with additional information concerning the process.]]

Other changes provided for under the *PPACA*:

Other changes provided for under the *PPACA* do not impact your plan because your plan already contains these provisions. These include:

- Direct access to OB/GYN care without a referral or authorization requirement.
- The ability to designate a pediatrician as a primary care physician (PCP) if your plan requires a PCP designation.
- The ability to designate any primary care physician (PCP) that is accepting new patients.
- Prior authorization is not required before you receive services in the emergency department of a hospital.

If you seek emergency care from Non-Participating Providers in the emergency department of a hospital your cost sharing obligations (Copayments/Coinsurance) will be the same as would be applied to care received from Participating Providers.

Contract Issuance: *Include Effective Date only if Amendment is to be mailed separate from the COC. Do not include effective date when amendment is issued as part of the COC.*

[Effective Date of this Amendment: _____]

(Name and Title)

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Supporting Document Schedules

	Item Status:	Status Date:
Bypassed - Item: Flesch Certification Bypass Reason: B/A Comments:	Approved-Closed	11/01/2010
Bypassed - Item: Application Bypass Reason: B/A Comments:	Approved-Closed	11/01/2010
Bypassed - Item: PPACA Uniform Compliance Summary Bypass Reason: B/A Comments:	Approved-Closed	11/01/2010
Satisfied - Item: Cover Letter Comments: Attachment: HCR River Valley Cover.pdf	Approved-Closed	11/01/2010

October 13, 2010

Rosalind Minor

Arkansas Insurance Department

1200 West Third Street

Little Rock, Arkansas

Re: UnitedHealthcare Insurance Company of the River Valley

NAIC No. 12231

Patient Protection and Affordable Care Act (PPACA) Amendment

PPACAAMD.I.AR

Flesch Score: 53.1

Dear Ms. Minor:

On behalf of UnitedHealthcare Insurance Company of the River Valley, I am submitting the enclosed group health amendment for your Department's review and approval. We are requesting to use this amendment in conjunction with our approved product series, form filing UHC AR Plus COC 04-10 et al, approved on July 8, 2010. This amendment is being filed to incorporate the requirements as required under the Patient Protection and Affordable Care Act (PPACA).

We are committed to supporting and complying with the new health care reform provisions and working to help our customers make changes that better manage rising health care costs. UnitedHealthcare has had a long standing commitment to prevention and wellness. We have rich plan offerings that help our members with their health and well-being needs. Many of our plans currently offer a 100% preventive care benefit. We are adding 100% preventive care to all Fully Insured plan designs as of their first renewal on or after September 23, 2010.

For groups [1 - 99] we will apply all health care reform compliant provisions (100% preventive benefits, appeals process, access to OB/GYN, and pediatricians as PCPs) to all Fully Insured plan designs in the [1- 99] segment. All new business and renewals on or after 9/23/2010 will be compliant with the new health care reform provisions. No exception or opt-out process will be available.

For groups 99+ we will apply all health care reform compliant provisions (100% preventative benefits, appeals process, access to OB/GYN, and pediatricians as PCPs) to all 99+ Fully Insured plan clients. Existing clients will be presented with health care reform compliant plans at renewal on or after 9/23/2010

Revisions made to comply with the PPACA are described below:

- Maximum Policy Benefit/Limits on Essential Benefits:
 - As a standard we will not be imposing any Maximum Policy Benefit on Essential Benefits due to the restriction under PPACA on lifetime limits. All references to Maximum Policy Benefit have been removed.

- Annual benefit limits on benefit categories that meet the federal definition of Essential Benefits no longer apply, except for those plans that opt to apply the federally defined "restricted annual limits" on Essential Benefits. Those restricted annual limits are described as variable options in the amendment.
- Preventive care services are provided at 100% coverage [for all non-grandfathered plans]. [Variability is included to remove this provision for grandfathered plans that request to opt-out of the 100% coverage requirement. As noted above this opt-out option is only available to groups of 99+].
- Preexisting condition exclusions no longer apply to covered persons under the age of 19.
- Enrolled dependent children are now covered up to age 26 regardless of marital or student status.
- Dependent Children/Dependent Child Special Open Enrollment Period provision added to allow the required 30 day opportunity for those children who are not currently enrolled at the time of renewal and have not met the limiting age of 26.
- Former provision entitled Fraud, Misrepresentation or False Information provision re-titled and language clarified to limit rescission only to instances of fraud or intentional misrepresentation of a material fact.
- The following provisions are added, specific to claims and appeal rights:
 - Right to appeal a rescission of coverage determination
 - Right of covered persons to access new or additional evidence that was relied upon or generated by us during a determination of an appeal.
 - Right to notice of benefit determination within 24 hours for urgent request for benefits.
 - The inclusion of a federal external review process.
- Other Changes Provided for Under PPACA section explains those provisions, such as direct access to a OB/GYN, required by PPACA that are already provided under the plan.

Our intent is to use this amendment for large and small employer groups only and we request that your review encompass both.

Because the enclosed form has been modified to reflect the laws and regulations of Arkansas, it will not be filed with Connecticut, our State of Domicile.

Our intent is to use this form to convey deletion of, addition of, or change in the specifics of a provision previously filed with your Department.

Explanation Variable Text

Included in this amendment are the following features:

- Non-variable 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].
- Instruction text that is included, where necessary, to further explain the variability in the filed forms. Please note that any instruction text will appear only in the filed form and will not appear in the form issued to a member. Below are two examples of such instruction text.

1Include if the plan will not use restricted annual limits.

1Include for Choice Plus and Options PPO. Do not include for Choice or Non-Differential PPO.

Information contained within this form may also be used in an online format with appropriate changes in font, format and design to more easily accommodate online viewing or issuance. We want to assure the

Department that education will be provided to the brokers, employer groups and the employees regarding access and alternatives to electronic issuance.

If you have any questions or concerns regarding this submission, please feel free to call me at 240.632.8056, at Ebony_N_Terry@uhc.com or through the SERFF messaging system.

Ebony N. Terry
Compliance Analyst
Enclosure
ENT