

SERFF Tracking Number: UHLC-127866326 State: Arkansas
Filing Company: UnitedHealthcare Insurance Company State Tracking Number: 50398
Company Tracking Number: BENSUMSHAREPLS.I.11.AR, ETAL
TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001A Any Size Group - PPO
Product Name: BENSUMSHAREPLS.I.11.AR, etal
Project Name/Number: BENSUMSHAREPLS.I.11.AR, etal/BENSUMSHAREPLS.I.11.AR, etal

Filing at a Glance

Company: UnitedHealthcare Insurance Company

Product Name: BENSUMSHAREPLS.I.11.AR, SERFF Tr Num: UHLC-127866326 State: Arkansas

etal

TOI: H16G Group Health - Major Medical SERFF Status: Closed-Approved- State Tr Num: 50398
Closed

Sub-TOI: H16G.001A Any Size Group - PPO Co Tr Num: State Status: Approved-Closed
BENSUMSHAREPLS.I.11.AR,
ETAL

Filing Type: Form

Author: Kelly Smith Reviewer(s): Rosalind Minor
Date Submitted: 12/05/2011 Disposition Date: 12/05/2011
Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

State Filing Description:

Implementation Date:

General Information

Project Name: BENSUMSHAREPLS.I.11.AR, etal

Project Number: BENSUMSHAREPLS.I.11.AR, etal

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Employer

Filing Status Changed: 12/05/2011

State Status Changed: 12/05/2011

Created By: Kelly Smith

Corresponding Filing Tracking Number: BENSUM.SHAREPLS.I.11.AR

Benefit Summary for Shared Rx Rider - Network & Non-Network

PPACA: Not PPACA-Related

PPACA Notes: null

Filing Description:

BENSUM.SHAREPLS.I.11.AR Benefit Summary for Shared Rx Rider - Network & Non-Network

BENSUM.RXOP.I.11.AR Benefit Summary for Standard Rx Rider - Network & Non-Network

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Overall Rate Impact:

Deemer Date:

Submitted By: Kelly Smith

SERFF Tracking Number: UHLC-127866326 State: Arkansas
 Filing Company: UnitedHealthcare Insurance Company State Tracking Number: 50398
 Company Tracking Number: BENSUMSHAREPLS.I.11.AR, ETAL
 TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001A Any Size Group - PPO
 Product Name: BENSUMSHAREPLS.I.11.AR, etal
 Project Name/Number: BENSUMSHAREPLS.I.11.AR, etal/BENSUMSHAREPLS.I.11.AR, etal

Company and Contact

Filing Contact Information

Kelly Smith, Manager RGA Kelly_Smith@uhc.com
 800 King Farm Blvd. 240-632-8061 [Phone]
 Suite 500
 Rockville, MD 20850

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

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? No
 Fee Explanation: 50.00 x2
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
UnitedHealthcare Insurance Company	\$100.00	12/05/2011	54253084

SERFF Tracking Number: UHLC-127866326 State: Arkansas
 Filing Company: UnitedHealthcare Insurance Company State Tracking Number: 50398
 Company Tracking Number: BENSUMSHAREPLS.I.11.AR, ETAL
 TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001A Any Size Group - PPO
 Product Name: BENSUMSHAREPLS.I.11.AR, etal
 Project Name/Number: BENSUMSHAREPLS.I.11.AR, etal/BENSUMSHAREPLS.I.11.AR, etal

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	12/05/2011	12/05/2011

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	BENSUMSHAREPLS.I.11.AR	Kelly Smith	12/05/2011	12/05/2011

SERFF Tracking Number: UHLC-127866326 State: Arkansas
Filing Company: UnitedHealthcare Insurance Company State Tracking Number: 50398
Company Tracking Number: BENSUMSHAREPLS.I.11.AR, ETAL
TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001A Any Size Group - PPO
Product Name: BENSUMSHAREPLS.I.11.AR, etal
Project Name/Number: BENSUMSHAREPLS.I.11.AR, etal/BENSUMSHAREPLS.I.11.AR, etal

Disposition

Disposition Date: 12/05/2011

Implementation Date:

Status: Approved-Closed

HHS Status: HHS Approved

State Review: Reviewed-No Actuary

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: UHLC-127866326 State: Arkansas
 Filing Company: UnitedHealthcare Insurance Company State Tracking Number: 50398
 Company Tracking Number: BENSUMSHAREPLS.I.11.AR, ETAL
 TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001A Any Size Group - PPO
 Product Name: BENSUMSHAREPLS.I.11.AR, etal
 Project Name/Number: BENSUMSHAREPLS.I.11.AR, etal/BENSUMSHAREPLS.I.11.AR, etal

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	BENSUMSHAREPLS.I.11.AR	Approved-Closed	Yes
Form	BENSUM.SHAREPLS.I.11.AR	Approved-Closed	Yes
Form	BENSUM.RXOP.I.11.AR	Approved-Closed	Yes

SERFF Tracking Number: UHLC-127866326 State: Arkansas
Filing Company: UnitedHealthcare Insurance Company State Tracking Number: 50398
Company Tracking Number: BENSUMSHAREPLS.I.11.AR, ETAL
TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001A Any Size Group - PPO
Product Name: BENSUMSHAREPLS.I.11.AR, etal
Project Name/Number: BENSUMSHAREPLS.I.11.AR, etal/BENSUMSHAREPLS.I.11.AR, etal

Amendment Letter

Submitted Date: 12/05/2011

Comments:

Cover Letter added under Supporting Documentation

Changed Items:

Supporting Document Schedule Item Changes:

User Added -Name: BENSUMSHAREPLS.I.11.AR

Comment:

BENSUM.RX Cover Letter.pdf

SERFF Tracking Number: UHLC-127866326 State: Arkansas
 Filing Company: UnitedHealthcare Insurance Company State Tracking Number: 50398
 Company Tracking Number: BENSUMSHAREPLS.I.11.AR, ETAL
 TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001A Any Size Group - PPO
 Product Name: BENSUMSHAREPLS.I.11.AR, etal
 Project Name/Number: BENSUMSHAREPLS.I.11.AR, etal/BENSUMSHAREPLS.I.11.AR, etal

Form Schedule

Lead Form Number: BENSUMSHAREPLS.I.11.AR, etal

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	BENSUM.S HAREPLS.I .11.AR	Advertising	BENSUM.SHAREPL S.I.11.AR	Initial		56.300	BENSUMSHA REPLS.I.11.A R.pdf
Approved-Closed	BENSUM.R XOP.I.11.A R	Advertising	BENSUM.RXOP.I.11 .AR	Initial		58.700	BENSUM.RX OP.I.11.AR.p df



Benefit Summary

Outpatient Prescription Drug Arkansas

[Plan Description] -SHARED PHARMACY PLAN® -Plan [XX]

The new prescription drug plan chosen by your employer provides you with access to a comprehensive selection of prescription drugs. UnitedHealthcare's Shared Pharmacy Plan contributes a set dollar amount for the cost of each prescription. Your cost for covered prescription drugs will vary depending on the type of drug that you and your doctor select, the tier to which the Prescription Drug List (PDL) Management Committee has assigned the Prescription Drug Product, the total cost of the prescription and the United Healthcare Shared Pharmacy Plan contribution. All Prescription Drug Products on the Prescription Drug List are assigned to Tier 1, Tier 2 or Tier 3. Find individualized information on your benefit coverage, determine tier status, check the status of claims and search for network pharmacies by logging on to [www.myuhc.com®] or calling the Customer Care number on your ID card.

[Annual [Drug] Deductible – [Network] [and] [Non-Network]]	
[Individual Deductible]	[No Annual Drug Deductible] [\$100-1,000]
[Family Deductible]	[No Annual Drug Deductible] [\$300-3,000]
[Annual Out-of-Pocket [Drug] Maximum – [Network] [and] [Non-Network]]	
[Individual Out-of-Pocket Maximum]	[No Out-of-Pocket Drug Maximum] [\$500-15,000]
[Family Out-of-Pocket Maximum]	[No Out-of-Pocket Drug Maximum] [\$1,250-75,000] [The Annual Out-of-Pocket Drug Maximum includes the Annual Drug Deductible.]
Tier Level	Retail Up to 31-day supply

	Network	[Non-Network]
Tier 1	Copayment: \$[0-90] Maximum Per Drug Benefit: \$[0-250]	Copayment: \$[0-90] Maximum Per Drug Benefit: \$[0-250]
Tier 2	Copayment: \$[25-75] Maximum Per Drug Benefit: \$[10-250]	Copayment: \$[25-75] Maximum Per Drug Benefit: \$[10-250]
Tier 3	Copayment: \$[45-85] Maximum Per Drug Benefit: \$[15-2,500]	Copayment: \$[45-85] Maximum Per Drug Benefit: \$[15-2,500]
[Tier 4]	[Copayment: \$[50-90] [Maximum Per Drug Benefit: \$[20-3,000]	[Copayment: \$[50-90] [Maximum Per Drug Benefit: \$[20-3,000]

This summary of Benefits is intended only to highlight your Benefits for Outpatient Prescription Drug Products and should not be relied upon to determine coverage. Your plan may not cover all of your Outpatient Prescription Drug Product expenses. Please refer to your Outpatient Prescription Drug Rider and Certificate of Coverage for a complete listing of services, limitations, exclusions and a description of all the terms and conditions of coverage. If this description conflicts in any way with the Outpatient Prescription Drug Rider or the Certificate of Coverage, the Outpatient Prescription Drug Rider and Certificate of Coverage shall prevail.

[Item #] [Rev. Date] [Plan Name]
[XXX-XXXX] [XX/XX] [XXXXXXXXXX]

UnitedHealthcare Insurance Company

YOUR BENEFITS

[*Mail Order Copayment]			
	[For up to a 31 day supply]	[For a 32-62 day supply]	[For a 63-90 day supply]
[Tier 1]	[Copayment: \$[0-90] [Maximum Per Drug Benefit: \$[0-250]]	[Copayment: \$[0-180] [Maximum Per Drug Benefit: \$[0-500]]	[Copayment: \$[0-270] [Maximum Per Drug Benefit: \$[0-750]]
[Tier 2]	[Copayment: \$[25-75] [Maximum Per Drug Benefit: \$[10-250]]	[Copayment: \$[50-150] [Maximum Per Drug Benefit: \$[20-500]]	[Copayment: \$[62-225] [Maximum Per Drug Benefit: \$[25-750]]
[Tier 3]	[Copayment: \$[45-85] [Maximum Per Drug Benefit: \$[15-2,500]]	[Copayment: \$[90-170] [Maximum Per Drug Benefit: \$[30-5,000]]	[Copayment: \$[112-225] [Maximum Per Drug Benefit: \$[37-7,500]]
[Tier 4]	[Copayment: \$[50-90] [Maximum Per Drug Benefit: \$[20-3,000]]	[Copayment: \$[100-180] [Maximum Per Drug Benefit: \$[40-6,000]]	[Copayment: \$[125-270] [Maximum Per Drug Benefit: \$[50-9,000]]

*Only certain Prescription Drug Products are available through mail order; please visit [www.myuhc.com] or call Customer Care at the telephone number on the back of your ID card for more information. [Note: If you purchase a Prescription Drug Product from a Non-Network Pharmacy, you are responsible for any difference between what the Non-Network Pharmacy charges and the amount we would have paid for the same Prescription Drug by a Network Pharmacy.]

Other Important Information about your Outpatient Prescription Drug Benefits

You are responsible for paying the lower of the applicable Copayment and/or Coinsurance or the retail Network Pharmacy's Usual and Customary Charge, or the lower of the applicable Copayment and/or Coinsurance or the mail order Network Pharmacy's Prescription Drug Charge.

For a single Copayment and/or Coinsurance, you may receive a Prescription Drug Product up to the stated supply limit. Some products are subject to additional supply limits.

Specialty Prescription Drug Products supply limits are as written by the provider, up to a consecutive 31-day supply of the Specialty Prescription Drug Product, unless adjusted based on the drug manufacturer's packaging size, or based on supply limits. Supply limits apply to Specialty Prescription Drug Products whether obtained at a retail pharmacy or through a mail order pharmacy.

Some Prescription Drug Products or Pharmaceutical Products for which Benefits are described under the Prescription Drug Rider or Certificate are subject to step therapy requirements. This means that in order to receive Benefits for such Prescription Drug Products or Pharmaceutical Products you are required to use a different Prescription Drug Product(s) or Pharmaceutical Product(s) first.

Also note that some Prescription Drug Products require that you obtain prior authorization from us in advance to determine whether the Prescription Drug Product meets the definition of a Covered Health Service and is not Experimental, Investigational or Unproven.

If you require certain Prescription Drug Products, we may direct you to a Designated Pharmacy with whom we have an arrangement to provide those Prescription Drug Products. If you are directed to a Designated Pharmacy and you choose not to obtain your Prescription Drug Product from the Designated Pharmacy, [you will be subject to the Non-Network Benefit for that Prescription Drug Product] [no Benefit will be paid for that Prescription Drug Product].

You may be required to fill an initial Prescription Drug Product order and obtain one refill through a retail pharmacy prior to using a mail order Network Pharmacy.

Copayment: See first page for the amount you must pay per Prescription Order or Refill for a Prescription Drug Product at a pharmacy before we begin paying for that Prescription Drug Product up to the stated supply limit. Some products are subject to additional supply limits. At a retail Network Pharmacy, you must pay the lower of the applicable Copayment or the retail Network Pharmacy's Usual and Customary Charge. At a mail order Pharmacy, you must pay the lower of the applicable Copayment or the mail order Pharmacy's Prescription Drug Charge.

Maximum Per Drug Benefit: See first page for the maximum amount we will pay after you have paid the applicable Copayment for any covered Prescription Order or Refill. You must pay the amount that exceeds the Maximum Per Drug Benefit for a Prescription Drug Product for up to the stated supply limit. However, this amount is limited by the Annual Out-of-Pocket Drug Maximum.

NOTE: Copayment and Maximum Per Drug Benefit amounts are per Prescription Order or Refill.

PHARMACY EXCLUSIONS

Exclusions from coverage listed in the Certificate apply also to this Rider [except that any pre-existing condition exclusion in the Certificate is not applicable to this Rider]. In addition, the exclusions listed below apply.

Exclusions

- [Outpatient Prescription Drug Products obtained from a non-Network Pharmacy.]
- Coverage for Prescription Drug Products for the amount dispensed (days' supply or quantity limit) which exceeds the supply limit.
- Coverage for Prescription Drug Products for the amount dispensed (days' supply or quantity limit) which is less than the minimum supply limit.
- [Prescription Drug Products dispensed outside the United States, except as required for Emergency treatment.]
- Drugs which are prescribed, dispensed or intended for use during an Inpatient Stay.
- Experimental or Investigational or Unproven Services and medications; medications used for experimental indications and/or dosage regimens determined by us to be experimental, investigational or unproven. This exclusion will not apply to Prescription Drug Products approved by the United States Food and Drug Administration (USFDA) for use in the treatment of cancer on the basis that the Prescription Drug Product has not been approved by the USFDA for the treatment of the specific type of cancer for which the Prescription Drug Product has been prescribed, provided: the Prescription Drug Product has been recognized as safe and effective for treatment of that specific type of cancer in any of the following standard reference compendia, unless the use is identified as not indicated in one or more compendia: the American Hospital Formulary Service Drug Information; the United States Pharmacopoeia Dispensing Information; or the Prescription Drug Product has been recognized as safe and effective for treatment of that specific type of cancer in two articles from medical literature that have not had their recognition of the Prescription Drug Product's safety and effectiveness contraindicated by clear and convincing evidence in another article from medical literature. Medical literature is defined as articles from major peer reviewed medical journals specified by the United States Department of Health and Human Services.
- Prescription Drug Products furnished by the local, state or federal government. Any Prescription Drug Product to the extent payment or benefits are provided or available from the local, state or federal government (for example, Medicare) whether or not payment or benefits are received, except as otherwise provided by law.
- Prescription Drug Products for any condition, Injury, Sickness or [mental illness] [Mental Illness] arising out of, or in the course of, employment for which benefits are available under any workers' compensation law or other similar laws, whether or not a claim for such benefits is made or payment or benefits are received.
- [Any product dispensed for the purpose of appetite suppression or weight loss.]
- A Pharmaceutical Product for which Benefits are provided in your Certificate. [This exclusion does not apply to Depo Provera and other injectable drugs used for contraception.] [This exclusion does not apply to immunizations administered in a [Network] [,] [non-Network] [Network or non-Network] [or] [a Designated] Pharmacy.]
- Durable Medical Equipment. Prescribed and non-prescribed outpatient supplies, other than the diabetic supplies and inhaler spacers specifically stated as covered.
- General vitamins, except the following which require a Prescription Order or Refill: prenatal vitamins, vitamins with fluoride, and single entity vitamins.
- Unit dose packaging of Prescription Drug Products.
- Medications used for cosmetic purposes.
- Prescription Drug Products, including New Prescription Drug Products or new dosage forms, that we determine do not meet the definition of a Covered Health Service.
- Prescription Drug Products as a replacement for a previously dispensed Prescription Drug Product that was lost, stolen, broken or destroyed.
- Prescription Drug Products when prescribed to treat infertility.
- [Prescription Drug Products when prescribed to prevent conception, including, but not limited to, oral contraceptives, diaphragms, Depo Provera and other injectable drugs used for contraception.]
- [Treatment for toenail Onychomycosis (toenail fungus).]
- [[Certain] Prescription Drug Products for smoking cessation.]
- [Compounded drugs that do not contain at least one ingredient that has been approved by the U.S. Food and Drug Administration (FDA) and requires a Prescription Order or Refill. Compounded drugs that are available as a similar commercially available Prescription Drug Product. (Compounded drugs that contain at least one ingredient that requires a Prescription Order or Refill are assigned to Tier [2] [3] [4].)] [Any prescription medication that must be compounded into its final form by the dispensing pharmacist, Physician, or other health care provider.]
- [Drugs available over-the-counter that do not require a Prescription Order or Refill by federal or state law before being dispensed, unless we have designated the over-the-counter medication as eligible for coverage as if it were a Prescription Drug Product [and it is obtained with a Prescription Order or Refill from a Physician]. Prescription Drug Products that are available in over-the-counter form or comprised of components that are available in over-the-

YOUR BENEFITS

counter form or equivalent. Certain Prescription Drug Products that we have determined are Therapeutically Equivalent to an over-the-counter drug. Such determinations may be made up to six times during a calendar year, and we may decide at any time to reinstate Benefits for a Prescription Drug Product that was previously excluded under this provision.][This exclusion does not apply to over-the-counter drugs used for smoking cessation.]]

- [Certain New Prescription Drug Products and/or new dosage form until the date they are reviewed and assigned to a tier by our Prescription Drug List (PDL) Management Committee.]
- [Growth hormone therapy.] [Growth hormone for children with familial short stature (short stature based upon heredity and not caused by a diagnosed medical condition).]
- [Any oral non-sedating antihistamine or antihistamine-decongestant combination.]
- [Any medication that is used for the treatment of erectile dysfunction or sexual dysfunction.]
- Any product for which the primary use is a source of nutrition, nutritional supplements, or dietary management of disease, even when used for the treatment of Sickness or Injury, except that Medical Foods and Low Protein Food Products are covered for the therapeutic treatment of phenylketonuria, galactosemia, organic acidemias and disorders of amino acid metabolism if the products are prescribed and administered under the direction of a Physician.
- [A particular Therapeutic Class or Therapeutic Classes. Please access [www.myuhc.com] through the Internet or call Customer Care at the telephone number on your ID card for information on which Therapeutic Class or Therapeutic Classes are excluded.]
- [Prescription Drug Products designed to adjust sleep schedules, such as for jet lag or shift work.]
- [Prescription Drug Products when prescribed as sleep aids.]
- [A Prescription Drug Product that contains (an) active ingredient(s) available in and Therapeutically Equivalent to another covered Prescription Drug Product. Such determinations may be made up to six times during a calendar year, and we may decide at any time to reinstate Benefits for a Prescription Drug Product that was previously excluded under this provision.]
- [A Prescription Drug Product that contains (an) active ingredient(s) which is (are) a modified version of and Therapeutically Equivalent to another covered Prescription Drug Product. Such determinations may be made up to six times during a calendar year, and we may decide at any time to reinstate Benefits for a Prescription Drug Product that was previously excluded under this provision.]
- Certain Prescription Drug Products that have not been prescribed by a Specialist Physician.



Addendum to the Outpatient Prescription Drug Benefit Summary

Arkansas-Network & Non-Network

These Benefits are available to you in addition to the standard benefits presented on the Benefit Summary. The Benefits shown here may change some of the exclusions indicated on your Benefit Summary.

ADDITIONAL CORE BENEFITS

[Annual Drug Deductible]

[If group is sold a CDH plan where preventive medications are not subject to the Annual Deductible, select one of these options and delete instructional text.]

[Benefits for Prescription Drug Products on the List of Preventive Medications are not subject to payment of the Annual Drug Deductible.]

[Benefits for Preventive Care Medications are not subject to payment of the Annual Drug Deductible.]

Types of Coverage

[Infertility Maximum Policy Benefit]

[The maximum amount we will pay for covered Prescription Drug Products for Infertility during the entire period of time you are enrolled for coverage under the Policy.]

[\$[250 - 10,000] for Prescription Drug Products for Infertility per Covered Person]

[If your coverage includes this benefit, the language "Prescription Drugs when prescribed to treat infertility" listed in the exclusions on the Outpatient Prescription Drug Benefit Summary would not apply.]

[Must be sold in conjunction with the Infertility coverage on the Medical Certificate of Coverage – please see the Addendum to the Medical Benefit Summary.]

This Benefit Summary is intended only to highlight your Benefits and should not be relied upon to fully determine your coverage. If this Benefit Summary conflicts in any way with the Outpatient Prescription Drug Rider, the Outpatient Prescription Drug Rider shall prevail. It is recommended that you review your Outpatient Prescription Drug Rider for an exact description of the services and supplies that are covered, those which are excluded or limited, and other terms and conditions of coverage. **The Benefits shown here may change the exclusions indicated on your Benefit Summary.**

[Item #] [Rev. Date]
[XXX-XXXX] [XX/XX]

SERFF Tracking Number: UHLC-127866326 State: Arkansas
 Filing Company: UnitedHealthcare Insurance Company State Tracking Number: 50398
 Company Tracking Number: BENSUMSHAREPLS.I.11.AR, ETAL
 TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001A Any Size Group - PPO
 Product Name: BENSUMSHAREPLS.I.11.AR, etal
 Project Name/Number: BENSUMSHAREPLS.I.11.AR, etal/BENSUMSHAREPLS.I.11.AR, etal

Supporting Document Schedules

		Item Status:	Status Date:
Bypassed - Item:	Flesch Certification	Approved-Closed	12/05/2011
Bypass Reason:	Advertising /Marketing Material Benefit summary filings - Not Applicable		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	12/05/2011
Bypass Reason:	Advertising /Marketing Material Benefit summary filings - Not Applicable		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	PPACA Uniform Compliance Summary	Approved-Closed	12/05/2011
Bypass Reason:	Advertising /Marketing Material Benefit summary filings - Not Applicable		
Comments:			

		Item Status:	Status Date:
Satisfied - Item:	BENSUMSHAREPLS.I.11.AR	Approved-Closed	12/05/2011
Comments:			
Attachment:	BENSUM.RX Cover Letter.pdf		

December 2, 2012

Rosalind Minor
Certified Rate & Form Analyst
Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

Re: UnitedHealthcare Insurance Company; NAIC #79413

INFORMATIONAL GROUP HEALTH INSURANCE ADVERTISING FILING

<u>Form Number</u>	<u>Description/Title</u>
BENSUM.RXOP.I.11.AR	Benefit Summary for Standard Rx Rider - Network & Non-Network
BENSUM.SHAREPLS.I.11.AR	Benefit Summary for Shared Rx Rider - Network & Non-Network

Dear Ms. Minor:

On behalf of United Healthcare Insurance Company, I am submitting the above forms for your Department's acknowledgement. We intend to use these forms for both small and large groups.

These forms are summary of benefits that our brokers will use to describe the outpatient prescription drug benefits when meeting with potential customers (employers). These forms will also be used when an employer has purchased our group health insurance outpatient drug benefits, to explain/describe the benefits to the employer's employees.

The Benefit Summary for Standard Rx Rider will be used with our outpatient prescription drug Rider (form number RDR.RX.PLS.I.11.AR) approved by your Department on March 4, 2011. The Benefit Summary for Shared Rx Rider will be used with our outpatient prescription drug Rider (form number RDR.SHARERX.PLS.I.11.AR) approved on March 4, 2011.

If you have any questions or require further information, please contact me using the information shown below.

Sincerely,

Kelly Smith, Manager
UnitedHealthcare Insurance Company
800 King Farm Blvd., #600
Rockville, MD 20855
Ph: (240) 632-8061
Email: kelly_smith@uhc.com