

SERFF Tracking Number: UHLC-127866501 State: Arkansas  
Filing Company: UnitedHealthcare Insurance Company State Tracking Number: 50405  
Company Tracking Number: BENSUM.MEDOP.I.11.AR  
TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001A Any Size Group - PPO  
Product Name: BENSUM.MEDOP.I.11.AR  
Project Name/Number: BENSUM.MEDOP.I.11.AR /BENSUM.MEDOP.I.11.AR

## Filing at a Glance

Company: UnitedHealthcare Insurance Company

Product Name: BENSUM.MEDOP.I.11.AR SERFF Tr Num: UHLC-127866501 State: Arkansas  
TOI: H16G Group Health - Major Medical SERFF Status: Closed-Approved- State Tr Num: 50405  
Closed

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

Filing Type: Form

Reviewer(s): Rosalind Minor  
Author: Kelly Smith Disposition Date: 12/07/2011  
Date Submitted: 12/06/2011 Disposition Status: Approved-Closed  
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: BENSUM.MEDOP.I.11.AR  
Project Number: BENSUM.MEDOP.I.11.AR  
Requested Filing Mode: Review & Approval  
Explanation for Combination/Other:  
Submission Type: New Submission  
Group Market Type: Employer  
Filing Status Changed: 12/07/2011  
State Status Changed: 12/07/2011

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:

Created By: Kelly Smith

Deemer Date:  
Submitted 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.MEDOP.I.11.AR - Benefit Summary Medical 2011

## Company and Contact

### Filing Contact Information

SERFF Tracking Number: UHLC-127866501 State: Arkansas  
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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

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**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	12/06/2011	54293772

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	12/07/2011	12/07/2011

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## Disposition

Disposition Date: 12/07/2011

Implementation Date:

Status: Approved-Closed

HHS Status: HHS Approved

State Review: Reviewed-No Actuary

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	BENSUM.MEDOP.I.11.AR	Approved-Closed	Yes
Form	BENSUM.MEDOP.I.11.AR	Approved-Closed	Yes

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## Form Schedule

**Lead Form Number: BENSUM.MEDOP.I.11.AR**

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved- Closed 12/07/2011	BENSUM. MEDOP.I.1 1.AR	Advertising	BENSUM.MEDOP.I. 11.AR	Initial		54.800	BENSUM.ME DOP.I.11.AR. pdf



# Addendum to the Medical Benefit Summary

AR – [Core][ [Non-Differential PPO] [Choice Plus][Options PPO]

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

Types of Coverage	Network Benefits	Non-Network Benefits
<p><i>[If group is sold a CDH plan where preventive medications are not subject to the Annual Deductible, include this option and delete instructional text.]</i></p>	<p>[Benefits for outpatient prescription drugs on the List of Preventive Medications are not subject to payment of the Annual Deductible.]</p>	
<b>[Acupuncture]</b>		
<p>[Benefits are limited as follows: [[10-100] treatments per year.] [[10-100] treatments per year, not to exceed \$[100-5,000] in Eligible Expenses per year.] [\$[100-5,000] in Eligible Expenses per year.]</p>	<p>[100% after you pay a \$[5-75] Copayment per visit] [[50-100]% [after Deductible has been met][Deductible does not apply] [100% after you pay a Copayment of \$[5-100] per visit for the first [#] visits in a year; [50-90]% for any subsequent visits in that year] [[50-100]% after: Per Occurrence Deductible of \$[5-75] [and Annual Deductible have been met]]</p>	<p>[Non-Network Benefits are not available][[50-100]% [after Deductible has been met][Deductible does not apply]][100% after you pay a \$[5-75] Copayment per visit] [[50-100]% after: Per Occurrence Deductible of \$[5-75] [and Annual Deductible have been met]]</p>
<p>[If your coverage includes this benefit, the word "Acupuncture" listed in the <b>Alternative Treatments</b> exclusion on the Benefit Summary would not apply.]</p>		
<b>[Infertility Services]</b>		
<p>[Benefits are limited as follows: \$[2,000-30,000] per Covered Person per lifetime.]</p>	<p>[[50-100]% [after Deductible has been met][Deductible does not apply]</p>	<p>[Non-Network Benefits are not available][[50-100]% [after Deductible has been met][Deductible does not apply]]</p>
<p><i>[Prior Authorization is required.]</i></p>		<p><i>[Prior Authorization is required.]</i></p>
<p>[If your coverage includes this benefit, the language "In vitro fertilization regardless of the reason for treatment" in the <b>Procedures and Treatments</b> exclusion section on the Benefit Summary would not apply. As well as, the language "Health services &amp; associated expenses for infertility treatments, including assisted reproductive technology, regardless of the reason for the treatment. This exclusion does not apply to services required to treat or correct underlying causes of infertility" and "Storage and retrieval of all reproductive materials. Examples include eggs, sperm, testicular tissue and ovarian tissue" listed in the <b>Reproductive</b> exclusion on the Benefit Summary would not apply. However, the following exclusions would apply to the benefit: "In vitro fertilization which is not provided as an Assisted Reproductive Technology for the treatment of infertility", "The following infertility treatment-related services: Cryo-preservation and other forms of preservation of reproduction materials, long-term storage of reproductive materials such as sperm, eggs, embryos, ovarian tissue and testicular tissue and donor services" and "fetal reduction surgery".]</p>		

**[Obesity Services]**

[Benefits are limited as follows: \$[40,000-250,000] per Covered Person per lifetime.]

[Depending upon where the Covered Health Service is provided, Benefits will be the same as those stated under each Covered Health Service category in the Benefit Summary.]

*[Prior Authorization is required.]*

*[Prior Authorization is required.]*

[If your coverage includes this benefit, the language "Surgical & non-surgical treatment of obesity" listed in the **Procedures and Treatment** exclusion on the Benefit Summary would not apply.]

**[Rehabilitation Services – Vision Therapy]**

[Benefits are limited as follows: [10-100] visits per year.]

[[50-100]% [after Deductible has been met][Deductible does not apply] for vision therapy][100% after you pay a \$[5-100] Copayment per visit for vision therapy] [[50-100]% after: Per Occurrence Deductible of \$[50-100] [and Annual Deductible have been met]]

[Non-Network Benefits are not available][[50-100]% [after Deductible has been met][Deductible does not apply]][[50-100]% after: Per Occurrence Deductible of \$[50-100] [and Annual Deductible have been met]][100% after you pay a \$[5-100] Copayment per visit]

*[Prior Authorization is required for Manipulative Treatment.]*

*[Prior Authorization is required for Manipulative Treatment.]*

[If your coverage includes this benefit, the language "Eye exercise or vision therapy" listed in the **Vision and Hearing** exclusion on the Benefit Summary would not apply.]

**[Wigs]**

[Benefits are limited as follows: \$[100-1,000] per year.] \$[100-5,000] every [24-36] months.]

[[50-100]% [after Deductible has been met][Deductible does not apply].]

[Non-Network Benefits are not available][[50-100]% [after Deductible has been met][Deductible does not apply]]

[If your coverage includes this benefit, the language "Wigs regardless of the reason for hair loss" listed in the **Physical Appearance** exclusion on the Benefit Summary would not apply.]

**ADDITIONAL STATE MANDATED BENEFITS**

**Types of Coverage**

**Network Benefits**

**Non-Network Benefits**

**[Musculoskeletal Disorders of the Face, Neck or Head]**

[Depending upon where the Covered Health Service is provided, Benefits will be the same as those stated under each Covered Health Service category in this Benefit Summary.]

*[Pre-service Notification is required as described in your Schedule of Benefits.]*

*[Pre-service Notification is required as described in your Schedule of Benefits.]*

[If your coverage includes this benefit, the language "Upper and lower jawbone surgery except as required for direct treatment of acute traumatic Injury, dislocation, tumors or cancer. Orthognathic surgery and jaw alignment, except as a treatment of obstructive sleep apnea" listed in the **Procedures and Treatment** exclusion on the Benefit Summary would not apply.]

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 Certificate of Coverage (COC), the COC shall prevail. It is recommended that you review your COC 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 some of the exclusions indicated on your Benefit Summary.**

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

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## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Flesch Certification	Approved-Closed	12/07/2011
<b>Bypass Reason:</b> Advertising /Marketing Material Benefit summary filings - Not Applicable		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Application	Approved-Closed	12/07/2011
<b>Bypass Reason:</b> Advertising /Marketing Material Benefit summary filings - Not Applicable		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> PPACA Uniform Compliance Summary	Approved-Closed	12/07/2011
<b>Bypass Reason:</b> Advertising /Marketing Material Benefit summary filings - Not Applicable		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> BENSUM.MEDOP.I.11.AR	Approved-Closed	12/07/2011
<b>Comments:</b>		
<b>Attachment:</b> BENSUM.MEDOP Cover Letter.pdf		

December 5, 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.MEDOP.I.11.AR	Benefit Summary Template - Network & Non-Network

Dear Ms. Minor:

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

The form is a summary of benefits that our brokers will use to describe the outpatient medical benefits when meeting with potential customers (employers). The form will also be used when an employer has purchased our group health insurance outpatient drug benefits, to explain and describe the benefits to the employer's employees.

The Benefit will be used with our 2011 Certificate of Coverage (form number POL.I.11.AR) approved on January 1, 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