

SERFF Tracking Number: UHLC-127324521 State: Arkansas
Filing Company: UnitedHealthcare Insurance Company State Tracking Number: 49307
Company Tracking Number: RDR.SBWELLNESS.I.11.AR
TOI: H16G Group Health - Major Medical Sub-TOI: H16G.003C Small Group Only - PPO Standard
Product Name: RDR.SBWELLNESS.I.11.AR
Project Name/Number: RDR.SBWELLNESS.I.11.AR/RDR.SBWELLNESS.I.11.AR

Filing at a Glance

Company: UnitedHealthcare Insurance Company

Product Name: RDR.SBWELLNESS.I.11.AR SERFF Tr Num: UHLC-127324521 State: Arkansas
TOI: H16G Group Health - Major Medical SERFF Status: Closed-Approved- State Tr Num: 49307
Closed

Sub-TOI: H16G.003C Small Group Only - PPO Co Tr Num: State Status: Approved-Closed
Standard RDR.SBWELLNESS.I.11.AR

Filing Type: Form

Author: Kelly Smith

Date Submitted: 07/15/2011

Reviewer(s): Rosalind Minor

Disposition Date: 07/20/2011

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: RDR.SBWELLNESS.I.11.AR

Project Number: RDR.SBWELLNESS.I.11.AR

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Employer

Filing Status Changed: 07/20/2011

State Status Changed: 07/20/2011

Created By: Kelly Smith

Corresponding Filing Tracking Number: RDR.SBWELLNESS.I.11.AR

PPACA: Not PPACA-Related

PPACA Notes: null

Filing Description:

This is a Small Business Wellness Rider to offer a wellness and fitness reimbursement program that seeks to increase consumer awareness and engage you in wellness activities. Participation is available to Subscribers [and/or Enrolled Dependent spouses] and is completely voluntary.

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small

Overall Rate Impact:

Deemer Date:

Submitted By: Kelly Smith

Company and Contact

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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? No
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
UnitedHealthcare Insurance Company	\$40.00	07/15/2011	49825715
UnitedHealthcare Insurance Company	\$10.00	07/19/2011	49901051

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	07/20/2011	07/20/2011

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	07/18/2011	07/18/2011	Kelly Smith	07/19/2011	07/19/2011

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Disposition

Disposition Date: 07/20/2011

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	SBWELLNESS Cover letter	Approved-Closed	Yes
Form	RDR.SBWELLNESS.I.11.AR	Approved-Closed	Yes

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 07/18/2011
Submitted Date 07/18/2011
Respond By Date

Dear Kelly Smith,

This will acknowledge receipt of the captioned filing.

Objection 1

- RDR.SBWELLNESS.I.11.AR, RDR.SBWELLNESS.I.11.AR (Form)

Comment:

Our filing fees under Rule and Regulation 57 have been updated. Please review the General Instructions for ArkansasLH or Rule and Regulation 57.

The fee for this submission is \$50.00 per form for a total of \$50.00. Please submit an additional \$10.00 for this submission.

We will begin our review of this submission upon receipt of the additional filing fee.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

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Response Letter

Response Letter Status Submitted to State
Response Letter Date 07/19/2011
Submitted Date 07/19/2011

Dear Rosalind Minor,

Comments:

The filing fees under Rule and Regulation 57 update is noted.

Response 1

Comments: Additional filing fee required is satisfied under Filing Fees tab.

Related Objection 1

Applies To:

- RDR.SBWELLNESS.I.11.AR, RDR.SBWELLNESS.I.11.AR (Form)

Comment:

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The fee for this submission is \$50.00 per form for a total of \$50.00. Please submit an additional \$10.00 for this submission.

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Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Thank you for your attention in review of the filing.

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Sincerely,
Kelly Smith

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Form Schedule

Lead Form Number: RDR.SBWELLNESS.I.11.AR

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	RDR.SBWELLNESS.I.11.AR	Certificate Amendmen	RDR.SBWELLNESS.I.11.AR	Initial		52.300	RDR.SBWELLNESS.I.11.A R.pdf
		t, Insert Page, Endorsement or Rider					

Wellness Rider

[UnitedHealthcare Insurance Company]

This Rider to the Policy is issued to the Enrolling Group and provides Benefits for wellness and fitness reimbursement.

Because this Rider is part of a legal document, 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* in *Section 9: Defined Terms*.

Benefits for Wellness/Fitness Reimbursement

Enrolled Dependent spouse is variable to include when participation is available to spouses.

We offer a wellness and fitness reimbursement program that seeks to increase consumer awareness and engage you in wellness activities. Participation is available to Subscribers [and/or Enrolled Dependent spouses] and is completely voluntary.

Biometric Health Screenings

The correct web address will be used.

This program includes a biometric health screening which can be performed using a home screening kit. To order your home screening kit, you can log onto [www.uhctogether.com/uhcWellness].

The list of screenings may be revised to add or delete screenings.

The following screenings will be performed: [blood pressure, cholesterol, body mass index[,] [and] nicotine [and] [other]].

Telephone-Based Health Coaching Program

The correct telephone number will be used.

You may also choose to participate in a *Telephone-Based Wellness Coaching Program*. You may enroll in the program at any time by calling [1-877-817-3293] and following the telephonic prompt instructions.

The list of coaching topics may be modified to add or remove topics.

The *Telephone-Based Health Coaching Programs* typically run for three to six months and cover the following topics:

- [Diabetes]
- [Exercise]
- [Heart health]
- [Nutrition]
- [Smoking cessation]
- [Stress]
- [Weight loss]
- [Other_____]

Fitness Reimbursement Program

We will partially reimburse you for certain exercise facility fees or membership fees as described below, but only if such fees are paid to facilities that we have designated as part of our participating gym network.

RDR.SBWELLNESS.I.11.AR

The amount of the reimbursement may be increased. The number of visits may be increased or decreased.

You will be reimbursed [\$20] per month when you complete at least [12 visits] in each calendar month.

The correct telephone number and web address will be used.

To register for this program, you can call [1-888-294-1141] or log onto [www.uhctogether.com/uhcWellness].

Contract Issuance: Include effective date only if Rider is to be mailed separate from the COC. Do not include effective date when rider is issued as part of the COC.

[Effective date of this Rider: _____]

(Name and Title)

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Supporting Document Schedules

		Item Status:	Status Date:
Bypassed - Item:	Flesch Certification	Approved-Closed	07/20/2011
Bypass Reason:	RDR.SBWELLNESS.I.11.AR achieves a flesch score of 52.3.		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	07/20/2011
Bypass Reason:	Not Applicable		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	PPACA Uniform Compliance Summary	Approved-Closed	07/20/2011
Bypass Reason:	Not Applicable		
Comments:			

		Item Status:	Status Date:
Satisfied - Item:	SBWELLNESS Cover letter	Approved-Closed	07/20/2011
Comments:			
Attachment:	RDR.SBWELLNESS.I.11.AR CLtr.pdf		



July 15, 2011

Ms. Rosalyn Minor
Arkansas Insurance Department
1200 West 3rd Street
Little Rock, Arkansas 72201

Re: UnitedHealthcare Insurance Company
NAIC No. 79413

RDR.SBWELLNESS.I.11.AR

Dear Ms. Minor,

On behalf of UnitedHealthcare Insurance Company I am submitting the enclosed Small Business Wellness Rider form for your Department's review and approval.

<u>Form Number</u>	<u>Description</u>	<u>Flesch Score</u>
RDR.SBWELLNESS.I.11.AR	Small Business Wellness Rider	52.3

The form has been prepared for use in your state for group sizes 2-99. The purpose of the rider is to offer a wellness and fitness reimbursement program that seeks to increase consumer awareness and engage you in wellness activities. Participation is available to Subscribers [and/or Enrolled Dependent spouses] and is completely voluntary. We want to assure the Department that education will be provided to the brokers, employer groups and the employees as to which products are being offered for sale.

If you have any questions or concerns regarding this filing, please feel free to contact me.

Sincerely,

Kelly Smith
Manager, Regulatory Affairs

Phone: 240-632-8061
kelly_smith@uhc.com