

**State:** Arkansas **Filing Company:** UnitedHealthcare Insurance Company  
**TOI/Sub-TOI:** H16G Group Health - Major Medical/H16G.001C Any Size Group - Other  
**Product Name:** POL.AMD.PR.I.11.AR  
**Project Name/Number:** POL.AMD.PR.I.11.AR/POL.AMD.PR.I.11.AR

## Filing at a Glance

Company: UnitedHealthcare Insurance Company  
Product Name: POL.AMD.PR.I.11.AR  
State: Arkansas  
TOI: H16G Group Health - Major Medical  
Sub-TOI: H16G.001C Any Size Group - Other  
Filing Type: Form  
Date Submitted: 10/24/2012  
SERFF Tr Num: UHLC-128742057  
SERFF Status: Closed-Approved-Closed  
State Tr Num:  
State Status: Approved-Closed  
Co Tr Num: POL.AMD.PR.I.11.TN  
  
Implementation: On Approval  
Date Requested:  
Author(s): Kelly Smith  
Reviewer(s): Rosalind Minor (primary)  
Disposition Date: 11/01/2012  
Disposition Status: Approved-Closed  
Implementation Date:  
  
State Filing Description:

**State:** Arkansas **Filing Company:** UnitedHealthcare Insurance Company  
**TOI/Sub-TOI:** H16G Group Health - Major Medical/H16G.001C Any Size Group - Other  
**Product Name:** POL.AMD.PR.I.11.AR  
**Project Name/Number:** POL.AMD.PR.I.11.AR/POL.AMD.PR.I.11.AR

## General Information

Project Name: POL.AMD.PR.I.11.AR	Status of Filing in Domicile: Not Filed
Project Number: POL.AMD.PR.I.11.AR	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Small and Large
Group Market Type: Employer	Overall Rate Impact:
Filing Status Changed: 11/01/2012	Deemer Date:
State Status Changed: 11/01/2012	Submitted By: Kelly Smith
Created By: Kelly Smith	
Corresponding Filing Tracking Number: POL.AMD.PR.I.11.AR	

PPACA: Not PPACA-Related

PPACA Notes: null

Include Exchange Intentions: No

Filing Description:

POL.AMD.PR.I.11.TN

The intent is to use the Performance Rewards Amendment to allow employer groups to participate in such a funding arrangement. Performance Rewards is a one-way experience refund agreement between UnitedHealthcare Insurance Company and the employer group.

## 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:	\$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

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Company	Amount	Date Processed	Transaction #
UnitedHealthcare Insurance Company	\$50.00	10/24/2012	64223441

State: Arkansas Filing Company: UnitedHealthcare Insurance Company  
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	11/01/2012	11/01/2012

SERFF Tracking #:

UHLC-128742057

State Tracking #:

Company Tracking #:

POL.AMD.PR.I.11.TN

State:

Arkansas

Filing Company:

UnitedHealthcare Insurance Company

TOI/Sub-TOI:

H16G Group Health - Major Medical/H16G.001C Any Size Group - Other

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## Disposition

Disposition Date: 11/01/2012

Implementation Date:

Status: Approved-Closed

HHS Status: HHS Approved

State Review: Reviewed-No Actuary

Comment:

Rate data does NOT apply to filing.

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	POL.AMD.PR.I.11.AR	Approved-Closed	Yes

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## Post Submission Update Request Processed On 10/30/2012

Status: Allowed  
Created By: Kelly Smith  
Processed By: Rosalind Minor  
Comments:

### General Information:

Field Name	Requested Change	Prior Value
Corresponding Filing Tracking Number	POL.AMD.PR.I.11.AR	POL.AMD.PR.I.11.TN Benefit Summary for Shared Rx Rider - Network & Non-Network

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## Form Schedule

Lead Form Number: POL.AMD.PR.I.11.TN

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1	Approved-Closed 11/01/2012	POL.AMD.PR.I.11.AR	POL.AMD.P R.I.11.AR	POLA	Initial		63.000	POL.AMD.PR.I.11. AR.pdf

### Form Type Legend:

<b>ADV</b>	Advertising	<b>AEF</b>	Application/Enrollment Form
<b>CER</b>	Certificate	<b>CERA</b>	Certificate Amendment, Insert Page, Endorsement or Rider
<b>DDP</b>	Data/Declaration Pages	<b>FND</b>	Funding Agreement (Annuity, Individual and Group)
<b>MTX</b>	Matrix	<b>NOC</b>	Notice of Coverage
<b>OTH</b>	Other	<b>OUT</b>	Outline of Coverage
<b>PJK</b>	Policy Jacket	<b>POL</b>	Policy/Contract/Fraternal Certificate
<b>POLA</b>	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	<b>SCH</b>	Schedule Pages

# [Name of Entity]

## [Performance Rewards] Amendment

As described in this Amendment, the Policy is modified to address calculation of the Policy Charge under [Performance Rewards].

**Article 3.4 of the Policy is replaced with the following:**

### 3.4 Payment of the Policy Charge

*[Variable provisions apply when advance payment is supported in Exhibit 1.]*

The Policy Charge is payable to us [in advance] by the Enrolling Group as described under "Payment of the Policy Charge" in Exhibit 1 and as described under [Performance Rewards] below. [The first Policy Charge is due and payable on or before the effective date of this Policy. Subsequent Policy Charges are due and payable no later than the first day of each payment period specified in item 6 of Exhibit 1, while this Policy is in force.]

All payments will be made in United States dollars, in immediately available funds, and will be remitted to us at the address set forth in the Enrolling Group's application, or at such other address as we may from time to time designate in writing. The Enrolling Group agrees not to send us payments marked "paid in full", "without recourse", or similar language. In the event that the Enrolling Group sends such a payment, we may accept it without losing any of our rights under this Policy and the Enrolling Group will remain obligated to pay any and all amounts owed to us.

*[<sup>1</sup>Include when grace period provision applies.]*

*[<sup>2</sup>Include when grace period provision does not apply.]*

A late payment charge will be assessed for any Policy Charge not received [<sup>1</sup>within [10 - 45] calendar days following the due date.] [<sup>2</sup>by the due date.] A service charge will be assessed for any non-sufficient-fund check received in payment of the Policy Charge. All Policy Charge payments must be accompanied by supporting documentation that states the names of the Covered Persons for whom payment is being made.

The Enrolling Group must reimburse us for attorney's fees and any other costs related to collecting delinquent Policy Charges.

**The following defined terms are added to Article 1 of the Policy:**

### Article 1: Glossary of Defined Terms

**Adjusted Policy Charge** - the greater of: (a) the Policy Charge Due for the Policy year and (b) four times the Policy Charge Due for the last three calendar months of the Policy year.

*[Insert the number of months that Performance Rewards is to be in effect (standard is 12, but could range from a minimum of 6 to a maximum of 18)].*

**Agreement Period** - [6-18] consecutive months beginning with the effective date.

**Experience Refund** - the amount determined by us to be due to the Enrolling Group for readjustment of the rate of Premium for the Policy based on the expense experience under the Policy, and according to the calculations set forth under the *Experience Refund Calculations* provision below, in the form of a Policy Charge credit.

**Experience Refund Report** - the document that we will prepare and deliver to the Enrolling Group containing details on Policy Charge Due, Policy Charge Paid, Total Expenses and any refund due.

**Policy Charge Due** - the sum of Premiums for all Subscribers and Enrolled Dependents enrolled under the Policy due from the Enrolling Group as calculated by us according to our records.

**Policy Charge Paid** - the sum of Premiums for all Subscribers and Enrolled Dependents enrolled under the Policy due from and paid by the Enrolling Group for a Policy year as calculated by us according to our records.

**Total Expenses** - the sum of all expenses incurred by us on behalf of Covered Persons during the Policy year, as calculated by us. Total Expenses will be calculated by adding the following amounts:

*[<sup>1</sup>Insert the Administration Fee]*

- *Retention* - a charge of [<sup>1</sup>00]% of the Policy Charge Due for a Policy year in consideration of: (i) the administrative services provided pursuant to the Policy; (ii) any premium tax or other governmental charge; and (iii) the risk for the Experience Refund assumed by us.
- *Incurred Eligible Expenses* - Eligible Expenses incurred during a Policy year, which will be determined as (1) plus (2) minus (3) as follows:

*[<sup>1</sup>Applies when limit per covered person is included (pooling point). When included, the 'pooling' definition below applies.]*

(1) Eligible Expenses paid during a Policy year, irrespective of the date they are incurred [<sup>1</sup>, up to a limit of \$[00] for any Covered Person].

*[<sup>1</sup>Insert the % of the current year's Adjusted Policy Charge that will be held for claim reserve.]*

(2) [<sup>1</sup>00]% of the Adjusted Policy Charge for a Policy year.

*[<sup>1</sup>Insert % of the prior year's Adjusted Policy Charge that was held for claim reserve. If New Business, enter "0%".]*

(3) [<sup>1</sup>00]% of the Adjusted Policy Charge for the prior Policy year (but \$0 if the Policy year is the initial Policy year).

*[<sup>1</sup>Applies when a pooling charge is included. <sup>2</sup>Applies when charge is per covered person per month. <sup>3</sup>Applies when charge is a percentage of the policy charge due.]*

- [<sup>1</sup>Pooling - A charge of [<sup>2</sup>\$[00] per Covered Person per month] [<sup>3</sup>[00]% of the Policy Charge Due] for the Policy Year in consideration of the limitation on the liability of the Enrolling Group for Eligible Expenses as calculated above.]

**Article 7: Performance Rewards is added to the Policy:**

## Article 7: Performance Rewards

### Experience Refund Calculations

The following formulas will be used to calculate any Experience Refund due:

- Policy Charge Paid minus Total Expenses equals the excess amount of Policy Charge Paid.

*[<sup>1</sup>Insert % of the excess amount that is credited. The standard is 50%.]*

*[<sup>2</sup>Insert the maximum % of the Policy Charge due that will be credited. The standard is 8%.]*

- Experience Refund equals the lesser of: (a) [<sup>1</sup>0-100]% multiplied by the excess amount of Policy Charge Paid and (b) [<sup>2</sup>0-100]% of the Policy Charge Due.

The Experience Refund will be calculated by us in accordance with the following terms:

- In the event Total Expenses equal or exceed the Policy Charge Paid, no Experience Refund will be made.

- In the event the Policy Charge Paid exceeds Total Expenses, no Experience Refund will be made if the Policy has been terminated by either us or the Enrolling Group prior to the end of a Policy year or by the Enrolling Group at the time the Experience Refund Report is delivered.
- In the event the Policy Charge Paid exceeds Total Expenses, an Experience Refund will be made in the form of a Policy Charge credit. The Policy Charge credit will be applied to one or more of the Policy Charge statements which become due after the date the Experience Refund Report is delivered.

## Experience Refund Report

We will prepare and deliver to the Enrolling Group an Experience Refund Report containing details on Policy Charge Due, Policy Charge Paid, Total Expenses and any refund due. Such report will be delivered within 120 days following the last day of the Policy year. The Experience Refund Report will contain details regarding the method used by us to make any refund due.

## Termination

### Termination

Performance Rewards may be terminated in any of the following ways:

- If the Policy terminates, Performance Rewards will automatically terminate at the same time; provided however, that the Enrolling Group will be entitled to any outstanding Experience Refund if the Enrolling Group is then subsequently contracted with us for an administrative services only (self-funded) arrangement for medical benefits similar to those provided under this Policy.
- Performance Rewards may be terminated upon any mutually agreed upon date.

### Relationship of Experience Refund to Receipt of Benefits

The amount of any Experience Refund made in accordance with the terms of Performance Rewards will bear no relationship to the frequency or extent of Benefits furnished to any specific Covered Person, but will be based only on the Eligible Expenses for Benefits paid for all Covered Persons under the Policy during the Policy year.

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

[Effective Date of this Amendment: \_\_\_\_\_]

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(Name and Title)

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Company Tracking #:

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UnitedHealthcare Insurance Company

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Project Name/Number:

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## Supporting Document Schedules

		Item Status:	Status Date:
Bypassed - Item:	Flesch Certification	Approved-Closed	11/01/2012
Bypass Reason:	Flesch Score = 63.0		
		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	11/01/2012
Bypass Reason:	Not Applicable		
		Item Status:	Status Date:
Bypassed - Item:	PPACA Uniform Compliance Summary	Approved-Closed	11/01/2012
Bypass Reason:	Not Applicable		
		Item Status:	Status Date:
Satisfied - Item:	Cover Letter	Approved-Closed	11/01/2012
Comments:			
Attachment(s):			
AR INS 01_POL Amd PR CovLtr.pdf			



October 21, 2012

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

**Re: UnitedHealthcare Insurance Company**  
**NAIC No. 79413**  
**Performance Rewards Amendment**  
POL.AMD.PR.I.11.AR  
**Flesch Score: 63.0**

Dear Ms. Minor:

On behalf of UnitedHealthcare Insurance Company, I am submitting the enclosed Amendment form for your Department's review and approval.

We are requesting to use the Performance Rewards Amendment in conjunction with our approved 2011 product series, form filing POL.I.11.AR et al. Our intent is to use this amendment for [large and small employer groups](#) [and we request that your review encompass both](#).

This form represents the final printed format with the exception of the variable text. Once approved, this form will be used with the issuance of our portfolio of group health products offered in your state.

The intent is to use the Performance Rewards Amendment to allow employer groups to participate in such a funding arrangement. Performance Rewards is a one-way experience refund agreement between UnitedHealthcare Insurance Company and the employer group.

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

Sincerely,

Kelly Smith  
UnitedHealthcare Insurance Company  
800 King Farm Boulevard  
Rockville, MD 20850  
Toll free: 240-632-8061  
Email: [kelly\\_smith@uhc.com](mailto:kelly_smith@uhc.com)