

SERFF Tracking Number: UHLC-128397678 State: Arkansas
Filing Company: UnitedHealthcare Insurance Company State Tracking Number:
Company Tracking Number: AMD.HRSA.I.01.AR, ETAL
TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001A Any Size Group - PPO
Product Name: AMD.HRSA.I.01.AR, etal
Project Name/Number: AMD.HRSA.I.01.AR, etal/AMD.HRSA.I.01.AR, etal

Filing at a Glance

Company: UnitedHealthcare Insurance Company

Product Name: AMD.HRSA.I.01.AR, etal

SERFF Tr Num: UHLC-128397678 State: Arkansas

TOI: H16G Group Health - Major Medical

SERFF Status: Closed-Approved-
Closed State Tr Num:

Sub-TOI: H16G.001A Any Size Group - PPO

Co Tr Num: AMD.HRSA.I.01.AR, State Status: Approved-Closed
ETAL

Filing Type: Form

Reviewer(s): Rosalind Minor
Author: Kelly Smith Disposition Date: 05/23/2012
Date Submitted: 05/23/2012 Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: AMD.HRSA.I.01.AR, etal

Status of Filing in Domicile: Pending

Project Number: AMD.HRSA.I.01.AR, etal

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: 05/23/2012

State Status Changed: 05/23/2012

Deemer Date:

Created By: Kelly Smith

Submitted By: Kelly Smith

Corresponding Filing Tracking Number: AMD.HRSA.I.01.AR, etal

PPACA: Non-Grandfathered Immed Mkt Reforms

PPACA Notes: null

Healthcare.gov ID:

Filing Description:

The Amendments incorporate the requirements for coverage of breast pumps as required under the Health Resources and Services Administration (HRSA) requirement of the Patient Protection and Affordable Care Act (PPACA).

State Narrative:

Company and Contact

SERFF Tracking Number: UHLC-128397678 State: Arkansas
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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? Yes
 Fee Amount: \$150.00
 Retaliatory? No
 Fee Explanation: 3x50.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
UnitedHealthcare Insurance Company	\$150.00	05/23/2012	59361578

SERFF Tracking Number: UHLC-128397678 State: Arkansas
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Project Name/Number: AMD.HRSA.I.01.AR, etal/AMD.HRSA.I.01.AR, etal

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	05/23/2012	05/23/2012

SERFF Tracking Number: UHLC-128397678 State: Arkansas
Filing Company: UnitedHealthcare Insurance Company State Tracking Number:
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TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001A Any Size Group - PPO
Product Name: AMD.HRSA.I.01.AR, etal
Project Name/Number: AMD.HRSA.I.01.AR, etal/AMD.HRSA.I.01.AR, etal

Disposition

Disposition Date: 05/23/2012

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-128397678 State: Arkansas
 Filing Company: UnitedHealthcare Insurance Company State Tracking Number:
 Company Tracking Number: AMD.HRSA.I.01.AR, ETAL
 TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001A Any Size Group - PPO
 Product Name: AMD.HRSA.I.01.AR, etal
 Project Name/Number: AMD.HRSA.I.01.AR, etal/AMD.HRSA.I.01.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	Cover Letter AMD.HRSA.I.01.AR, etal	Approved-Closed	Yes
Supporting Document	No Rate Impact Letter	Approved-Closed	Yes
Form	AMD.HRSA.I.01.AR, etal	Approved-Closed	Yes

SERFF Tracking Number: UHLC-128397678 State: Arkansas
 Filing Company: UnitedHealthcare Insurance Company State Tracking Number:
 Company Tracking Number: AMD.HRSA.I.01.AR, ETAL
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 Product Name: AMD.HRSA.I.01.AR, etal
 Project Name/Number: AMD.HRSA.I.01.AR, etal/AMD.HRSA.I.01.AR, etal

Form Schedule

Lead Form Number: AMD.HRSA.I.01.AR, etal

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 05/23/2012	AMD.HRSAPolicy/Cont .I.01.AR, etal	AMD.HRSA.I.01.AR, Initial ract/Fratern etal al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider				55.400	AMD.HRSA.I. 01.AR.pdf AMD.HRSA.I. 09.AR.pdf AMD.HRSA.I. 11.AR.pdf

Health Resources and Services Administration (HRSA) Amendment

Group [Para] Contract issuance. This amendment is to be issued to all groups that received the PPACA amendment which included the preventive care at 100% provision. It should not be issued to any group that received the PPACA amendment without that provision.

As described in this Amendment, the Policy is modified as stated below.

Group [Para] Contract Issuance: Include only if the Amendment is to be mailed separate from the COC and if the 2001 series is modified by other amendments. Do not include when amendment is issued as part of the COC.

[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 Policy), 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 (Section 10: Glossary of Defined Terms).

Benefits for Breast Pumps

Group [text] ¹Include for Choice Plus, Select Plus or Options PPO.
Group [text] ²Include for Choice Plus, Select Plus or Options PPO if the benefit plan does not provide non-network Benefits.
Group [text] ³Include for Choice Plus, Select Plus or Options PPO if the benefit plan provides non-network Benefits. Select applicable copayment, annual

deductible and OOPM statements. Include variable for out of pocket maximum only when the copayment is not 0%.

Preventive care Benefits defined under the Health Resources and Services Administration (HRSA) requirement include the cost of renting one breast pump per Pregnancy in conjunction with childbirth. [¹Network] Benefits are payable at 100% of Eligible Expenses (without application of any Copayment or Annual Deductible). [²Non-Network Benefits are not available.] [³Non-Network Benefits [are] [are not] subject to payment of the Annual Deductible and are payable after a Copayment of [0 - 50]%. [This Copayment [applies] [does not apply] to the Out-of-Pocket Maximum.]]

If more than one breast pump can meet your needs, Benefits are available only for the most cost effective pump. We will determine the following:

- Which pump is the most cost effective.
- Whether the pump should be purchased or rented.
- Duration of a rental.
- Timing of an acquisition.

Group [Para] Include notification requirement if notification requirements apply. Include penalty statement if a penalty is assessed and select the applicable penalty.
Group [text] ¹Include if it is the member's responsibility to notify us for network and non-network benefits or when notification is required for 80-80 or MI.
Group [text] ²Include if the member is only responsible for notification for non-network benefits in Choice Plus, Select Plus and/or Options PPO.

[[¹You] [²For Non-Network Benefits, you] must notify us before obtaining a breast pump. [If you fail to notify us as required, [Benefits will be reduced to [50 - 95]% of Eligible Expenses] [you will be responsible for paying all charges and no Benefits will be paid].]]

Group [Para] 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)

Health Resources and Services Administration (HRSA) Amendment

UnitedHealthcare Insurance Company

Contract Issuance: This amendment is to be issued to all groups that received the PPACA amendment which included the preventive care at 100% provision. It should not be issued to any group that received the PPACA amendment without that provision.

As described in this Amendment, the Policy is modified as stated below.

Contract Issuance: Include only if the Amendment is to be mailed separate from the COC and if the 2009 series is modified by other amendments. Do not include when amendment is issued as part of the COC.

[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 Policy), 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 *Section 9: Defined Terms*.

Benefits for Breast Pumps

Benefits defined under the *Health Resources and Services Administration (HRSA)* requirement include the cost of renting one breast pump per Pregnancy in conjunction with childbirth. These Benefits are provided as described under *Preventive Care Services* in the *Certificate, Section 1: Covered Health Services*, in the *Schedule of Benefits* and in the *Patient Protection Affordable Care Act (PPACA) Amendment*.

If more than one breast pump can meet your needs, Benefits are available only for the most cost effective pump. We will determine the following:

- Which pump is the most cost effective.
- Whether the pump should be purchased or rented.
- Duration of a rental.
- Timing of an acquisition.

Include notification requirement if notification requirements apply. Include penalty statement if a penalty is assessed and select the applicable penalty.

¹*Include if it is the member's responsibility to notify us for network and non-network benefits or when notification is required for Non-Differential PPO.*

²*Include if the member is only responsible for notification for non-network benefits in Choice Plus and/or Options PPO.*

[[¹You] [²For Non-Network Benefits, you] must notify us before obtaining a breast pump. [If you fail to notify us as required, [Benefits will be reduced to [50 - 95]% of Eligible Expenses] [you will be responsible for paying all charges and no Benefits will be paid].]

As a result of this requirement, the exclusion for supplies, equipment and similar incidental services and supplies for personal comfort in *Section 2: Exclusions and Limitations* under *Personal Care, Comfort or Convenience* is replaced with the following:

[K.] Personal Care, Comfort or Convenience

[#.] Supplies, equipment and similar incidental services and supplies for personal comfort. Examples include:

- Air conditioners, air purifiers and filters and dehumidifiers.
- Batteries and battery chargers.
- Breast pumps. This exclusion does not apply to breast pumps for which Benefits are provided under the *Health Resources and Services Administration (HRSA)* requirement.
- Car seats.
- Chairs, bath chairs, feeding chairs, toddler chairs, chair lifts and recliners.
- Exercise equipment.
- Home modifications such as elevators, handrails and ramps.
- Hot tubs.
- Humidifiers.
- Jacuzzis.
- Mattresses.
- Medical alert systems.
- Motorized beds.
- Music devices.
- Personal computers.
- Pillows.
- Power-operated vehicles.
- Radios.
- Saunas.
- Stair lifts and stair glides.
- Strollers.
- Safety equipment.
- Treadmills.
- Vehicle modifications such as van lifts.
- Video players.
- Whirlpools.

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)

Health Resources and Services Administration (HRSA) Amendment

UnitedHealthcare Insurance Company

[Contract Issuance: Because all 2011 products provide 100% preventive coverage, this amendment is to be issued to all groups.]

As described in this Amendment, the Policy is modified as stated below.

[Contract Issuance: Include only if the Amendment is to be mailed separate from the COC and if the 2011 series is modified by other amendments. Do not include when amendment is issued as part of the COC.]

[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 Policy), 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 *Section 9: Defined Terms*.

Benefits for Breast Pumps

Benefits defined under the *Health Resources and Services Administration (HRSA)* requirement include the cost of renting one breast pump per Pregnancy in conjunction with childbirth. These Benefits are provided as described under *Preventive Care Services* in the *Certificate, Section 1: Covered Health Services* and in the *Schedule of Benefits*.

If more than one breast pump can meet your needs, Benefits are available only for the most cost effective pump. We will determine the following:

- Which pump is the most cost effective.
- Whether the pump should be purchased or rented.
- Duration of a rental.
- Timing of an acquisition.

[Include prior authorization requirement if prior authorization requirements apply. Include penalty statement if a penalty is assessed and select the applicable penalty.]

¹Include if it is the member's responsibility to obtain prior authorization for network and non-network benefits or when prior authorization is required for Non-Differential PPO.]

²Include if the member is only responsible for obtaining prior authorization for non-network benefits in Choice Plus, Navigate Plus and/or Options PPO.]

[[¹You] [²For Non-Network Benefits, you] must obtain prior authorization before obtaining a breast pump. [If you fail to obtain prior authorization as required, [Benefits will be reduced to [50 - 95]% of Eligible Expenses] [you will be responsible for paying all charges and no Benefits will be paid].]]

As a result of this requirement, the exclusion for supplies, equipment and similar incidental services and supplies for personal comfort in *Section 2: Exclusions and Limitations* under *Personal Care, Comfort or Convenience* is replaced with the following:

[K.] Personal Care, Comfort or Convenience

[#.] Supplies, equipment and similar incidental services and supplies for personal comfort. Examples include:

- Air conditioners, air purifiers and filters and dehumidifiers.
- Batteries and battery chargers.
- Breast pumps. This exclusion does not apply to breast pumps for which Benefits are provided under the *Health Resources and Services Administration (HRSA)* requirement.
- Car seats.
- Chairs, bath chairs, feeding chairs, toddler chairs, chair lifts and recliners.
- Exercise equipment.
- Home modifications such as elevators, handrails and ramps.
- Hot tubs.
- Humidifiers.
- Jacuzzis.
- Mattresses.
- Medical alert systems.
- Motorized beds.
- Music devices.
- Personal computers.
- Pillows.
- Power-operated vehicles.
- Radios.
- Saunas.
- Stair lifts and stair glides.
- Strollers.
- Safety equipment.
- Treadmills.
- Vehicle modifications such as van lifts.
- Video players.
- Whirlpools.

[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)

SERFF Tracking Number: UHLC-128397678 State: Arkansas
 Filing Company: UnitedHealthcare Insurance Company State Tracking Number:
 Company Tracking Number: AMD.HRSA.I.01.AR, ETAL
 TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001A Any Size Group - PPO
 Product Name: AMD.HRSA.I.01.AR, etal
 Project Name/Number: AMD.HRSA.I.01.AR, etal/AMD.HRSA.I.01.AR, etal

Supporting Document Schedules

	Item Status:	Status Date:
Bypassed - Item: Flesch Certification	Approved-Closed	05/23/2012
Bypass Reason: Flesch Score - 55.4 Allplication - N/A		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Application	Approved-Closed	05/23/2012
Bypass Reason: Flesch Score - 55.4 Allplication - N/A		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: PPACA Uniform Compliance Summary	Approved-Closed	05/23/2012
Comments:		
Attachment: PPACA Compliance Summary AMD.HRSA AR.pdf		

	Item Status:	Status Date:
Satisfied - Item: Cover Letter AMD.HRSA.I.01.AR, etal	Approved-Closed	05/23/2012
Comments:		
Attachment: AR INS 01_07_11 HRSA Amd CovLtr.pdf		

	Item Status:	Status Date:
No Rate Impact Letter	Approved-Closed	

SERFF Tracking Number: UHLC-128397678 State: Arkansas
Filing Company: UnitedHealthcare Insurance Company State Tracking Number:
Company Tracking Number: AMD.HRSA.I.01.AR, ETAL
TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001A Any Size Group - PPO
Product Name: AMD.HRSA.I.01.AR, etal
Project Name/Number: AMD.HRSA.I.01.AR, etal/AMD.HRSA.I.01.AR, etal

Satisfied - Item:

05/23/2012

Comments:

Attachment:

SG AR UHC INS 2012.08.01_No Rate Impact Letter.pdf

PPACA Uniform Compliance Summary

Please select the appropriate check box below to indicate which product is amended by this filing.

- INDIVIDUAL HEALTH BENEFIT PLANS** (Complete [SECTION A](#) only)
 SMALL / LARGE GROUP HEALTH BENEFIT PLANS (Complete [SECTION B](#) only)

This form filing compliance summary is to be submitted with your [endorsement][contract] to comply with the immediate market reform requirements of the Patient Protection and Affordable Care Act (PPACA). These PPACA requirements apply only to policies for health insurance coverage referred to as “major medical” in the statute, which is comprehensive health coverage that includes PPO and HMO coverage. This form includes the requirements for grandfathered (coverage in effect prior to March 23, 2010) and non-grandfathered plans, and relevant statutes. Refer to the relevant statute to ensure compliance. Complete each item to confirm that diligent consideration has been given to each. *(If submitting your filings electronically, bookmark the provision(s) in the form(s) that satisfy the requirement and identify the page/paragraph on this form.)*

***For all filings, include the Type of Insurance (TOI) in the first column.**

Check box if this is a paper filing.

COMPANY INFORMATION

Company Name	NAIC Number	SERFF Tracking Number(s) *if applicable	Form Number(s) of Policy being endorsed	Rate Impact
UnitedHealthcare Insurance Company	79413	AMD.HRSA.I.01.AR, etal	Policy01.AR, POL.I.09.AR, POL.I.11.AR	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

PPACA Uniform Compliance Summary

Reset Form

SECTION A – Individual Health Benefit Plans

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	Eliminate Pre-existing Condition Exclusions for Enrollees Under Age 19	<i>[Sections 2704 and 1255 of the PHSA/Section 1201 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Eliminate Annual Dollar Limits on Essential Benefits Except allows for “restricted” annual dollar limits for essential benefits for plan years prior to January 1, 2014.	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Eliminate Lifetime Dollar Limits on Essential Benefits	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Prohibit Rescissions – Except for fraud or intentional misrepresentation of material fact.	<i>[Section 2712 of the PHSA/Section 1001 of PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			

PPACA Uniform Compliance Summary

SECTION A – Individual Health Benefit Plans

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	<p>Preventive Services – Requires coverage and prohibits the imposition of cost-sharing for specified preventative services.</p> <p>Explanation: Coverage of Breast Pumps</p> <p>Page Number: amendments</p>	<i>[Section 2713 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	<p>Extends Dependent Coverage for Children Until age 26 – If a policy offers dependent coverage, it must include dependent coverage until age 26.</p> <p>Explanation:</p> <p>Page Number:</p>	<i>[Section 2714 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	<p>Appeals Process – Requires establishment of an internal claims appeal process and external review process.</p> <p>Explanation:</p> <p>Page Number:</p>	<i>[Section 2719 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	<p>Emergency Services – Requires plans that cover emergency services to provide such coverage without the need for prior authorization, regardless of the participating status of the provider, and at the in-network cost-sharing level.</p> <p>Explanation:</p> <p>Page Number:</p>	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.

PPACA Uniform Compliance Summary

SECTION A – Individual Health Benefit Plans

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	<p>Access to Pediatricians – Mandates that if designation of a PCP for a child is required, the person be permitted to designate a physician who specialized in pediatrics as the child’s PCP if the provider is in-network.</p> <p>Explanation:</p> <p>Page Number:</p>	<p><i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i></p>	N/A	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, please explain.</p>
	<p>Access to OB/GYNs – Prohibits authorization or referral requirements for obstetrical or gynecological care provided by in-network providers who specialize in obstetrics or gynecology.</p> <p>Explanation:</p> <p>Page Number:</p>	<p><i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i></p>	N/A	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, please explain.</p>

PPACA Uniform Compliance Summary

Reset Form

SECTION B – Group Health Benefit Plans (Small and Large)

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
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	Eliminate Pre-existing Condition Exclusions for Enrollees Under Age 19	<i>[Sections 2704 of the PHSA/Section 1201 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Eliminate Annual Dollar Limits on Essential Benefits – Except allows for “restricted” annual dollar limits for essential benefits for plan years prior to January 1, 2014.	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Eliminate Lifetime Dollar Limits on Essential Benefits	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Prohibit Rescissions – Except for fraud or intentional misrepresentation of material fact.	<i>[Section 2712 of the PHSA/Section 1001 of PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			

PPACA Uniform Compliance Summary

SECTION B – Group Health Benefit Plans (Small and Large)

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	Preventive Services – Requires coverage and prohibits the imposition of cost-sharing for specified preventative services	<i>[Section 2713 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Extends Dependent Coverage for Children Until age 26 – If a policy offers dependent coverage, it must include dependent coverage until age 26. ◇	<i>[Section 2714 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes [◇] <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Appeals Process – Requires establishment of an internal claims appeal process and external review process.	<i>[Section 2719 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			

◇ For plan years beginning before January 1, 2014, grandfathered group plans are not required to extend coverage to a child until the age of 26 if such child is eligible to enroll in another employee-sponsored plan

PPACA Uniform Compliance Summary

SECTION B – Group Health Benefit Plans (Small and Large)

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	<p>Emergency Services – Requires plans that cover emergency services to provide such coverage without the need for prior authorization, regardless of the participating status of the provider, and at the in-network cost-sharing level.</p> <p>Explanation:</p> <p>Page Number:</p>	<p><i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i></p>	N/A	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, please explain.</p>
	<p>Access to Pediatricians – Mandates that if designation of a PCP for a child is required, the person be permitted to designate a physician who specialized in pediatrics as the child’s PCP if the provider is in-network.</p> <p>Explanation:</p> <p>Page Number:</p>	<p><i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i></p>	N/A	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, please explain.</p>
	<p>Access to OB/GYNs – Prohibits authorization or referral requirements for obstetrical or gynecological care provided by in-network providers who specialize in obstetrics or gynecology.</p> <p>Explanation:</p> <p>Page Number:</p>	<p><i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i></p>	N/A	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, please explain.</p>

May 15, 2012

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

Re: UnitedHealthcare Insurance Company
NAIC No. 79413
Health Resources and Services Administration (HRSA) Amendment
AMD.HRSA.I.01.AR, AMD.HRSA.I.09.AR, and AMD.HRSA.I.11.AR
Flesch Score: 55.4

Dear Ms. Minor:

On behalf of UnitedHealthcare Insurance Company, I am submitting the enclosed group health Amendment for your Department's review and approval. We are requesting to use these Amendments as follows:

AMD.HRSA.I.01.AR with our approved 2001 group policy series, form filing Policy.01.AR, et al approved on 3/15/02.

AMD.HRSA.I.09.AR with our approved 2009 group policy series, form filing POL.I.09.AR, et al approved on 9/30/09.

AMD.HRSA.I.11.AR with our approved 2011 group policy series, form filing POL.I.11.AR, et al approved on 2/17/11.

This Amendment is being filed to incorporate the requirements for coverage of breast pumps as required under the *Health Resources and Services Administration (HRSA)* requirement of the *Patient Protection and Affordable Care Act (PPACA)*.

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

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 addendum 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.

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 the number shown below.

Sincerely,

Kelly Smith

UnitedHealthcare Insurance Company

800 King Farm Boulevard

Rockville, MD 20850

Toll free: 240-632-8061

Email: kelly_smith@uhc.com



185 Asylum Street, CT039-16B
Hartford, CT 06103
Tel 203-459-6519 Fax 860-702-5016
E-Mail: Olivia_He@uhc.com

May 10, 2012

Ms. Rosalind Minor
Rates and Forms Analyst
Arkansas Department of Insurance
1200 West Third Street
Little Rock, Arkansas 72201

**Re: United Healthcare Insurance Company
Small Group (2-50) Medical and Rx Rate Filing: PPO, Indemnity & POS**

Dear Ms. Minor:

The purpose of this filing is to provide Medical and Rx manual rate change to United Healthcare Insurance Company products. This filing may not be appropriate for other purposes.

The effective date for this filing is 08/01/12 and later for United Healthcare Insurance Company and is applicable to employers with 2 to 50 eligible employees.

Please note that rates will not be impacted as referenced under SERFF policy form filing AMD.HRSA.I.01.AR, AMD.HRSA.I.09.AR, AMD.HRSA.I.11.AR, RXADD_PREV.I.04.AR, RXADD_PREV.I.07.AR and RXADD_PREV.I.09.AR.11

ACTUARIAL CERTIFICATION

I, Olivia (Yu) He, am employed as an actuary by UnitedHealth Group. I am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries, and I meet the Qualification Standards of the Academy to render this opinion.

I certify that the changes to the rates were developed in accordance with accepted actuarial principles and were based on reasonable assumptions and that the rates exhibit a reasonable relationship to the benefits provided and are not excessive, not inadequate, and not unfairly discriminatory.

Please contact me if I may be of assistance during your review.

Respectfully,

Olivia (Yu) He, FSA, MAAA
Director, Pricing