

SERFF Tracking Number: UHLC-128398226 State: Arkansas
Filing Company: UnitedHealthcare of Arkansas, Inc. State Tracking Number:
Company Tracking Number: RXADD_PREV.H.04.AR, ETAL
TOI: H17G Group Health - Prescription Drug Sub-TOI: H17G.000 Health - Prescription Drug
Product Name: RXADD_PREV.H.04.AR, etal
Project Name/Number: RXADD_PREV.H.04.AR, etal/RXADD_PREV.H.04.AR, etal

Filing at a Glance

Company: UnitedHealthcare of Arkansas, Inc.
Product Name: RXADD_PREV.H.04.AR, etal SERFF Tr Num: UHLC-128398226 State: Arkansas
TOI: H17G Group Health - Prescription Drug SERFF Status: Closed-Approved- State Tr Num:
Closed
Sub-TOI: H17G.000 Health - Prescription Drug Co Tr Num: State Status: Approved-Closed
RXADD_PREV.H.04.AR, 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: RXADD_PREV.H.04.AR, etal Status of Filing in Domicile: Pending
Project Number: RXADD_PREV.H.04.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: RXADD_PREV.H.04.AR, etal
Filing Description:
The Addendums incorporate the requirements for coverage of preventive care medications at 100% as required under the Patient Protection and Affordable Care Act (PPACA).
State Narrative:

Company and Contact

Filing Contact Information

Kelly Smith, Manager RGA Kelly_Smith@uhc.com

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 800 King Farm Blvd. 240-632-8061 [Phone]
 Suite 500
 Rockville, MD 20850

Filing Company Information

UnitedHealthcare of Arkansas, Inc. CoCode: 95446 State of Domicile: Arkansas
 Plaza West Building Group Code: Company Type: HMO
 415 North McKinley Street, Suite 300 Group Name: State ID Number:
 Little Rock, AK 72205 FEIN Number: 63-1036819
 (952) 992-7428 ext. [Phone]

Filing Fees

Fee Required? Yes
 Fee Amount: \$150.00
 Retaliatory? No
 Fee Explanation: 3x150.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
UnitedHealthcare of Arkansas, Inc.	\$150.00	05/23/2012	59363092

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Correspondence Summary

Dispositions

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

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Disposition

Disposition Date: 05/23/2012

Implementation Date:

Status: Approved-Closed

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	Cover Letter AMD.HRSA.H.01.AR, etal	Approved-Closed	Yes
Form	RXADD_PREV.H.04.AR, etal	Approved-Closed	Yes

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Form Schedule

Lead Form Number: RXADD_PREV.H.04.AR, etal

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	RXADD_P REV.H.04. AR, etal	Policy/Cont ract/Fratern al	RXADD_PREV.H.04. AR, etal	Initial		60.600	RXADD_PRE V.H.04.AR.pdf
		Certificate: Amendmen t, Insert Page, Endorseme nt or Rider					RXADD_PRE V.H.07.AR.pdf RXADD_PRE V.H.09.AR.pdf

Patient Protection and Affordable Care Act (PPACA) Preventive Care Medications Addendum

As described in this addendum, Benefits for Preventive Care Medications described in the Outpatient Prescription Drug Rider are modified as stated below.

Because this addendum 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) and in this addendum below.

Benefits for Preventive Care Medications

Benefits under the Outpatient Prescription Drug Rider include those for Preventive Care Medications as defined below. You may determine whether a drug is a Preventive Care Medication through the internet at [www.myuhc.com] or by calling Customer Service at the telephone number on your ID card.

Defined Terms

The following definition of Preventive Care Medications is added to the Outpatient Prescription Drug Rider:

Preventive Care Medications - the medications that are obtained at a Network Pharmacy [with a Prescription Order or Refill from a Physician] and that are payable at 100% of [the Prescription Drug Cost] [the cost] (without application of any Copayment, Coinsurance, Annual Deductible or Annual Drug Deductible) as required by applicable law under any of the following:

- Evidence-based items or services that have in effect a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force.

Plan [Para] Applies if immunizations are covered under the pharmacy benefit:

- [Immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention.]
- With respect to infants, children and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration.
- With respect to women, such additional preventive care and screenings as provided for in comprehensive guidelines supported by the Health Resources and Services Administration.

You may determine whether a drug is a Preventive Care Medication through the internet at [www.myuhc.com] or by calling Customer Service at the telephone number on your ID card.

Plan [Para] Include Effective Date only if addendum is to be mailed separate from the COC.

[Effective Date: _____]

(Name and Title)

Patient Protection and Affordable Care Act (PPACA) Preventive Care Medications Addendum

[United HealthCare of Arkansas, Inc.]

As described in this addendum, Benefits for Preventive Care Medications described in the *Outpatient Prescription Drug Rider* and *Outpatient Prescription Drug Schedule of Benefits* are modified as stated below.

Because this addendum 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* and in this addendum below.

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Defined Terms

The following definition of Preventive Care Medications is added to the *Outpatient Prescription Drug Rider*:

Preventive Care Medications – the medications that are obtained at a Network Pharmacy [with a Prescription Order or Refill from a Physician] and that are payable at 100% of [the Prescription Drug Cost] [the cost] (without application of any Copayment, Coinsurance, Annual Deductible, Annual Drug Deductible or Specialty Prescription Drug Product Annual Deductible) as required by applicable law under any of the following:

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[Applies if immunizations are covered under the pharmacy benefit:]

- [Immunizations that have in effect a recommendation from the *Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention*.]
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Contract Issuance: Include Effective Date only if addendum is to be mailed separate from the COC. Do not include effective date when addendum is issued as part of the COC.

[Effective Date: _____]

(Name and Title)

Patient Protection and Affordable Care Act (PPACA) Preventive Care Medications Addendum

[United HealthCare of Arkansas, Inc.]

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Defined Terms

The following definition of Preventive Care Medications is added to the *Outpatient Prescription Drug Rider*:

Preventive Care Medications – the medications that are obtained at a Network Pharmacy [with a [Prescription Order or Refill from a Physician](#)] and that are payable at 100% of [the [Prescription Drug Cost](#)] [the cost] (without application of any Copayment, Coinsurance, Annual Deductible, Annual Drug Deductible or Specialty Prescription Drug Product Annual Deductible) as required by applicable law under any of the following:

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[Effective Date: _____]

(Name and Title)

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Supporting Document Schedules

		Item Status:	Status Date:
Bypassed - Item:	Flesch Certification	Approved-Closed	05/23/2012
Bypass Reason:	Flesch Score - 60.6 Allplication - N/A		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	05/23/2012
Bypass Reason:	Flesch Score - 60.6 Allplication - N/A		
Comments:			

		Item Status:	Status Date:
Satisfied - Item:	Cover Letter AMD.HRSA.H.01.AR, etal	Approved-Closed	05/23/2012
Comments:			
Attachment:	RXADD_PREV.H.04.AR Cover Letter.pdf		



May 21, 2012

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

Re: UnitedHealthcare of Arkansas, Inc.
NAIC No. 95446

Preventive Care Medications Addendum

RXADD_PREV.H.04.AR, RXADD_PREV.H.07.AR and RXADD_PREV.H.09.AR

Flesch Score: 60.6

Dear Ms. Minor:

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

RXADD_PREV.H.04.AR with our approved 2004 Outpatient Prescription Medication Rider, form filing RXNET4TIER.H.04.AR.

RXADD_PREV.H.07.AR with our approved 2007 Outpatient Prescription Medication Rider, form filing, POL.H.07.AR.

RXADD_PREV.H.09.AR with our approved 2009 Outpatient Prescription Medication Rider, form filing POL.H.09.AR.

These addenda are being filed to incorporate the requirements for coverage of preventive care medications at 100% as required under the *Patient Protection and Affordable Care Act* (PPACA).

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

Our intent is to use these forms 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 these forms 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

Preventive Care Medications Addendum

RXADD_PREV.I.04.AR, RXADD_PREV.I.07.AR and RXADD_PREV.I.09.AR

Flesch Score: 60.6

Dear Ms. Minor:

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

RXADD_PREV.I.04.AR with our approved 2004 Outpatient Prescription Medication Rider, form filing RXNET4TIER.I.04.AR, et al approved on .

RXADD_PREV.I.07.AR with our approved 2007 Outpatient Prescription Medication Rider, form filing, POL.I.07.AR, et al approved on .

RXADD_PREV.I.09.AR with our approved 2009 Outpatient Prescription Medication Rider, form filing POL.I.09.AR, et al approved on

These addenda are being filed to incorporate the requirements for coverage of preventive care medications at 100% as required under the *Patient Protection and Affordable Care Act (PPACA)*.

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