

SERFF Tracking Number: UHLC-128541918 State: Arkansas
Filing Company: UnitedHealthcare Insurance Company State Tracking Number:
Company Tracking Number:
TOI: H02G Group Health - Accident Only Sub-TOI: H02G.000 Health - Accident Only
Product Name: Accident
Project Name/Number: Update Filing/

Filing at a Glance

Company: UnitedHealthcare Insurance Company

Product Name: Accident

SERFF Tr Num: UHLC-128541918 State: Arkansas

TOI: H02G Group Health - Accident Only

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

Sub-TOI: H02G.000 Health - Accident Only

Co Tr Num:

State Status: Approved-Closed

Filing Type: Form

Author: Adamowicz Sue

Reviewer(s): Rosalind Minor

Date Submitted: 07/05/2012

Disposition Date: 07/06/2012

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Update Filing

Status of Filing in Domicile: Authorized

Project Number:

Date Approved in Domicile: 03/30/2012

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, Association

Overall Rate Impact:

Filing Status Changed: 07/06/2012

State Status Changed: 07/06/2012

Deemer Date:

Created By: Adamowicz Sue

Submitted By: Adamowicz Sue

Corresponding Filing Tracking Number:

Filing Description:

The company is filing corrections to insert pages that were recently filed under Policy Form UHCAC-POL-1 approved on April 30, 2012 under SERFF Tracking number UHLC-128229399. The forms were revised as follows:

The Premium Waiver period was originally filed as 6 months per any 24 month period. It remains a 6 month waiver, but becomes available again only for accidents occurring after a 90 day return to work. Its definition of disability is liberalized and other clarifying changes made such as when the waiver begins.

Both the Medical Appliance and the Blood/Plasma/Platelets benefits were changed to eliminate expense incurred text.

Both pay flat amounts without regard to cost of care.

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The Time of Claim Payment provision has changed to address periodic payment benefits and allow administrative flexibility to administer to ERISA timeframes as those may vary depending upon benefit.

Also, the reference to the Common Accident Benefit being “double” the AD&D benefit is changed to “increased” because it could be up to 4 times the AD&D amount. And, the name of the Accident Medical benefit changed to “Outpatient” Medical because that is a clearer description.

Finally, the word “Additional” in the Additional Benefits Section was made variable in case one or more “additional” benefits are the only ones selected by the employer.

Changes in the text are highlighted to facilitate review.

An updated list of forms has been added to the Supporting Documentation tab.

State Narrative:

Company and Contact

Filing Contact Information

Sue Adamowicz, Compliance Consultant Sue_Adamowicz@uhc.com
 185 Asylum St 860-702-6003 [Phone]
 Hartford, CT 06103

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: \$300.00
 Retaliatory? No
 Fee Explanation: \$50.00 Per Form
 Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
UnitedHealthcare Insurance Company	\$300.00	07/05/2012	60658569

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	07/06/2012	07/06/2012

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Disposition

Disposition Date: 07/06/2012

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	List of Forms	Approved-Closed	Yes
Form	Waiver of Premium	Approved-Closed	Yes
Form	Accidental Death and Dismemberment Section	Approved-Closed	Yes
Form	Follow Up Care Section	Approved-Closed	Yes
Form	Common Injuries Section	Approved-Closed	Yes
Form	Outpatient Medical Benefit	Approved-Closed	Yes
Form	Claim Provisions	Approved-Closed	Yes

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Form Schedule

Lead Form Number: UHCAC-POL-1

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 07/06/2012 (05/12)	UHCAC-WAIV	Certificate	Waiver of Premium	Initial		50.400	UHCAC-WAIV (05-12).pdf
Approved-Closed 07/06/2012 (05/12)	UHCAC-ADD	Certificate	Accidental Death and Dismemberment Section	Initial		50.400	UHCAC-ADD (05-12).pdf
Approved-Closed 07/06/2012 (05/12)	UHCAC-1FOL	Certificate	Follow Up Care Section	Initial		50.400	UHCAC-1FOL (05-12).pdf
Approved-Closed 07/06/2012 (05/12)	UHCAC-1CINJ	Certificate	Common Injuries Section	Initial		50.400	UHCAC-1CINJ (05-12).pdf
Approved-Closed 07/06/2012 (05/12)	UHCAC-AME	Certificate	Outpatient Medical Benefit	Initial		50.400	UHCAC-AME (05-12).pdf
Approved-Closed 07/06/2012 (05/12)	UHCAC-CLM	Certificate	Claim Provisions	Initial		50.400	UHCAC-CLM (05-12).pdf

WAIVER OF PREMIUM SECTION

Waiver of Premium Benefit: We will continue the [Primary] Covered Person's insurance without payment of the [Contributory portion of the] premium while the [Primary] Covered Person is Totally Disabled if he:

1. becomes Totally Disabled as the result of a Covered Accident[;]
2. remains Totally Disabled for a 30 consecutive day Waiting Period for this Waiver[;]
3. gives Us proof of Total Disability, as required[;]

[not to exceed a maximum Waiver period of 6 months for any one period of Total Disability.]

We will waive the premium on a [monthly basis, starting the first day of the month after the month during which he finished the 30 day Waiting Period.] If this Waiver applies to a partial [month,] it will be pro-rated. [This Waiver of Premium only applies to the Primary Covered Person's insurance and it does not waive premium for the cost of Dependent insurance, if any.]

Total Disability or Totally Disabled: For purposes of this section, the Covered Person will be considered Totally Disabled if, due to a Covered Accident:

1. he is unable to perform [the material and substantial duties of his occupation at his usual place of employment; and
2. he is not in fact working at his regular place of employment.]

Successive and Concurrent Total Disability: [After the 30 day Waiting Period for this Waiver has been met,] concurrent periods of Total Disability, whether due to the same or a different accident, are considered part of the same period of Total Disability. Successive periods of Total Disability that start while the [Primary] Covered Person's insurance is in force, but before he has returned to Active Work [for 90 consecutive days:]

1. are considered part of the same period of Total Disability[;]
2. are not subject to a new 30 day Waiting Period but] will count toward the 6 month maximum.

If, he has a new accident after the [90th day,] he may begin a new Waiver, subject to [satisfaction of a new 30 day Waiting Period, and] again meeting all of the Policy conditions.

Benefits During Waiver Period: Benefits continued during the Waiver period are based on the Schedule in force on the date the Total Disability started [including any scheduled reductions.] [The Waiver will not apply to increase in coverage after the date the Total Disability started.]

Proof of Total Disability: We will provide forms which the Covered Person must use when giving Us proof of Total Disability.

The Covered Person must give Us proof as soon as possible, but no later than 90 days after the date his Total Disability started. If he is not able to provide the proof within that time:

1. it must be sent as soon as reasonably possible; but,
2. no later than one year unless he is legally incapacitated.

We may at any time, after the Waiver starts, require proof that Total Disability continues. The Covered Person must give Us proof [within 60 days] after Our request. We may require the Covered Person to be examined, at Our expense, by a Physician of Our choice.

Termination of the Waiver Benefit: The Waiver ends and insurance terminates on the first to occur of[:

1. the date premium has been waived for 6 months[;]
2. the date the Primary Covered Person:
 - a. ceases to be Totally Disabled; or
 - b. returns to Active Work[;]
3. the date the Policy terminates;
4. the date the Primary Covered Person ceases to be eligible for insurance (except that this will not apply if he is ineligible solely because he is not Actively at Work due to Total Disability covered by this Waiver;)
5. the last day of the 60-day period following Our request for proof of continued Total Disability, if he does not give Us proof or refuses to take a medical exam.]

If the Primary Covered Person is still eligible for Insurance when the Waiver ends, his Insurance may be continued in force if premium payments are resumed.

ACCIDENTAL DEATH AND DISMEMBERMENT SECTION

Accidental Death [and Dismemberment Benefit:] We will pay [the Maximum Benefit Amount] shown for a Loss stated in the Schedule if:

1. the Covered Person sustains an Injury in a Covered Accident resulting in such Loss; and
2. the Loss occurs [within 90 days] of the date of the Covered Accident.

We will not pay more than [the Maximum Benefit Amount shown next to the one Loss that would pay the largest benefit for all Losses sustained by a Covered Person as the result of any one Covered Accident.]

The Maximum Benefit Amount that applies to each Covered Person is shown in the Schedule.

The term **Loss** as used in the Schedule means[:

1. **Loss of finger or toe:** actual, complete and permanent severance through or above the metacarpophalangeal joints.
2. **Loss of hands or feet:** severance at or above the wrist or ankle.]

Large brackets denote that provision may be removed. When used, variability is as shown.

Accidental Death Common Carrier Benefit: We will [increase] the Maximum Benefit Amount payable under the Accidental Death and Dismemberment Benefit if:

1. a Covered Person sustains an Injury while a fare paying passenger (not as a pilot or crew member) on a Common Carrier;
2. the Injury results in the Covered Person's Loss of life; and
3. the Loss of life occurs [within 90 days] of the Covered Accident that caused the Covered Person's Injury.

[The aggregate total under both benefits in this Section will not exceed two times the Covered Person's Maximum Benefit Amount shown in the Schedule for the Accidental Death and Dismemberment Benefit.]

The term **Common Carrier** means a common public passenger carrier that:

1. has a published schedule; and
2. is licensed for the transportation of passengers for hire.

However, Common Carrier does not include any mode of transportation which is:

1. a taxi or privately chartered vehicle;
2. used for a sport, game, contest, sightseeing, observatory or recreational activity;
3. an aircraft owned, operated, chartered or leased by or for the Policyholder[; or
4. an aircraft operated by the United States Air Mobility Command (AMC) or similar transport service of any government or international authority.]

FOLLOW UP CARE SECTION

Large brackets denote that provision may be removed. When used, variability is as shown.

Follow Up Physician Treatment Benefit: We will pay the Maximum Benefit Amount shown for this Benefit in the Schedule if a Covered Person sustains an Injury for which[:

1. benefits were payable under either the Emergency Room Treatment Benefit or the Physician Office / Urgent Care Visit Benefit;]
2. follow-up Treatment was recommended by a Physician;
3. the recommendation results in the Covered Person's follow up Treatment visit to a Physician;
4. the Covered Person is insured under the Policy at the time of the follow up Treatment visit.

The follow-up visit must occur [within 90 days] of the Covered Accident that caused the Injury.

This benefit will not be paid [more than once] for the Covered Person as the result of any one Covered Accident.

Medical Appliance Benefit: We will pay the Maximum Benefit Amount shown for this Benefit in the Schedule if a Covered Person sustains an Injury for which a Physician prescribes a medical appliance that aids in personal mobility.

The expense for the Medical Appliance must be incurred [within 90 days] of the Covered Accident that caused the Injury.

This benefit will not be paid [more than once] for the Covered Person as the result of any one Covered Accident.

The term **Medical Appliance** as used in this benefit means [; crutches or cane; wheelchair; back or leg brace; or a walker].

Physical Therapy Benefit: We will pay the Maximum Benefit Amount shown for this Benefit in the Schedule if a Covered Person sustains an Injury which results in the Covered Person's incurral of expenses for physical therapy. The physical therapy must:

1. be prescribed by a Physician;
2. received from a Physical Therapist;
3. performed in a Hospital or Physical Therapist's office; and
4. occur within [6 months] from:
 - a. the date of the Covered Accident[; or
 - b. the date of the Covered Person's discharge from a Hospital Confinement that is a covered under the Hospital Care Section of the Policy.]

We will pay for each day of Physical Therapy Treatment not to exceed a maximum payment period of [6 days upon which treatment is received.] Further Physical Therapy Treatment will not be paid for the Covered Person as the result of any one Covered Accident.

[This benefit will not cover the same visit for which the accident Follow-Up Physician Treatment Benefit is due.]

The term **Physical Therapist** means a person, other than the Covered Person or his Immediate Family, and who is:

1. duly licensed as a Physical Therapist in the jurisdiction where practicing;
2. acting within the scope of that license; or
3. providing services according to the Code of Ethics of [the American Physical Therapy Association] to:
 - a. manage movement dysfunction caused by the Injury; or
 - b. restore or prevent progression of movement impairments or functional limitations resulting from the Injury.

COMMON INJURIES SECTION

Large brackets denote that provision may be removed. When used, variability is as shown.

Abdominal / Thoracic Surgery Benefit: We will pay the Maximum Benefit Amount shown for this Benefit in the Schedule if a Covered Person sustains an Injury which results in:

1. open abdominal or thoracic surgery;
2. the surgery is performed to repair internal injuries received as the result of a Covered Accident; and
3. the surgery occurs [within 72 hours] after the Covered Accident.

We will pay the reduced amount shown for this benefit if such surgery is exploratory and without repair. This benefit does not cover surgery related to a hernia. This benefit will not be paid [more than once] for the Covered Person as the result of any one Covered Accident.

Blood/Plasma/Platelets Benefit: We will pay the Maximum Benefit Amount that applies as shown for this Benefit in the Schedule if a Covered Person sustains an Injury which results in the need for:

1. a transfusion; and
2. the administration, cross matching, typing and processing of blood plasma or blood platelets.

This benefit will not be paid [more than once] for the Covered Person as the result of any one Covered Accident. The transfusion must occur [within 90 days] of the date of the Covered Accident.

Burn Benefit: We will pay the Maximum Benefit Amount that applies as shown for this Benefit in the Schedule if a Covered Person sustains an Injury:

1. which results in one of the following levels of burn[:
 - a. 2nd Degree (at least 36% of body surface);
 - b. 3rd Degree (9 to 34 square inches);
 - c. 3rd Degree (35 or more square inches); and
2.]Treatment is received from a Physician [within 72 hours of the Covered Accident].

The Maximum Benefit Amount that applies is stated across from the level of the burn and it is based upon the severity of the burn. If more than one level of burn is sustained as the result of any one Covered Accident, [only the one level that pays the highest amount will be paid.] This benefit will not be paid [more than once] for the Covered Person as the result of any one Covered Accident.

Coma Benefit: We will pay the Maximum Benefit Amount shown for this Benefit in the Schedule if:

1. a Covered Person sustains an Injury which results in the Covered Person's Coma; and
2. the Coma:
 - a. begins while the Covered Person's insurance is in force;
 - b. is diagnosed by a Physician as having commenced [within 90 days] after the Covered Accident that caused the Covered Person's Injury.

This benefit will not be paid [more than once] for the Covered Person as the result of any one Covered Accident.

The term **Coma** means a state of profound unconsciousness. To be covered under this benefit, the coma must be continuous for a period of at [least 7 days] and be:

1. characterized by the absence of eye opening, motor response, and verbal response; and
2. require intubation for respiratory assistance.

The Coma diagnosis must be supported by:

1. a Glasgow Coma Scale Score of eight or below throughout the 7 day period; and
2. an Electroencephalogram (EEG).

The term Coma will not include any medically induced coma.

Concussion Benefit: We will pay the Maximum Benefit Amount shown for this Benefit in the Schedule if a Covered Person sustains an Injury which results in the Covered Person's concussion. A Physician must:

1. diagnose the concussion; and
2. use a medical imaging procedure [within 72 hours] after the Covered Accident to make the diagnosis.

This benefit will not be paid [more than once] as the result of:

1. the Covered Accident that caused the Covered Person's Injury]; or
2. any Covered Accident occurring within 12 months of an accident for which a payment has already been made or is due under this Benefit.]

[ADDITIONAL] BENEFITS SECTION

Outpatient Medical Expense Benefit: We will pay the Covered Medical Expenses incurred for a Covered Person's Injuries sustained as the result of a Covered Accident provided that:

1. payment will not exceed the Maximum Benefit Amount shown for this Benefit in the Schedule for all such expenses incurred as the result of any one Covered Accident;
2. the expenses are incurred for Treatment received [within 90 days] of the Covered Accident.

The term **Covered Medical Expenses** means expenses which are:

1. incurred for Treatment in:
 - a. a Physician' Office;
 - b. Urgent Care Facility; or
 - c. Hospital Emergency Room; and
2. not in excess of those which the Physician or facility has indicated a willingness to accept as evidenced by its agreements with insurers, fee for service plans, or similar programs.

We will not pay for any expenses that the Covered Person is not legally required to pay.

CLAIM PROVISIONS

Notice of Claim: Written notice of a claim must be given within [20 days] after a covered loss occurs. If notice cannot be given within that time, it must be given as soon as reasonably possible. The notice should include the claimant's name, the Policyholder's name and the Policy number. The Notice of Claim must be sent to the plan administrator. The plan administrator will send it to Us.

Claim Forms: When We receive the notice of claim, We will send the forms for giving Us Proof of Claim. The forms will be sent within 15 days after We receive the notice of claim. If the forms are not received from Us within 15 days of a request, written proof of claim should be sent to Us without waiting for the form. The claimant will satisfy the proof of claim requirement if written proof of the occurrence, nature and extent of the loss are sent to Us.

Proof of Claim: Written Proof of Claim must be filed within 90 days after[:

1. the end of each month of Our liability for periodic payment of claims; or
2.]the date of the loss [for all other claims.]

If it is not possible to give proof within the 90 days, it must be given no later than one year after the time proof is otherwise required, except in the absence of legal capacity.

Time of Claim Payment: Benefits for loss covered by the Policy are paid upon receipt of due Proof of Claim. We will pay any [daily] benefit due:

1. on a [monthly] basis, after We receive the proof, while the loss and Our liability continue; or
2. immediately after We receive the proof following the end of Our liability.

We will pay any other benefit immediately after We receive due Proof of Claim. However, if special circumstances require an extension, We will provide the Covered Person with:

1. a description of any further proof needed to perfect the claim; and
2. an explanation of why such material is needed.

Benefits for a covered loss will then be paid upon receipt of all proper Proof of Claim.

Payment of Claims: Loss of Life benefits are payable [in accordance with the Beneficiary designation in effect at the time of the Primary Covered Person's death. If there is no Beneficiary, or the Beneficiary is not living at the time of the Primary Covered Person's death, benefit are payable to his survivors, in equal shares, in the first of the following classes to have a survivor at the Primary Covered Person's death:

1. spouse;
2. children;
3. parents;
4. brothers and sisters.

If there is no survivor in these classes, payment will be made to the Primary Covered Person's] estate.

[The Primary Covered Person is the beneficiary for Covered Persons who are his Dependents.]

Except as otherwise noted for specified additional benefits that may be included in the Policy, all other benefits due and not assigned will be paid to the [Primary] Covered Person, if living. Otherwise, the benefits will be paid according to the above.

If a benefit is payable to a Covered Person's estate, to a minor or to someone who is not competent to give a valid release, We have the right to pay up to [\$1,000] to any relatives whom We consider entitled. Any amount We pay in good faith releases Us from further liability, but only for the amount paid.

Overpayment of Claim: We have the right to recover any overpayments due to:

1. fraud; and
2. any error that a Covered Person, We or the plan administrator make in processing a claim.

The Covered Person must reimburse Us in full. We will determine the method by which the repayment is to be made. We have the right to recover overpayment from the Covered Person's Beneficiary if living, or the Covered Person's estate.

CLAIM PROVISIONS

Legal Action: The Covered Person may not bring suit to recover under this section until 60 days after the Covered Person has given Us written Proof of Claim. No suit may be brought more [than three years (five years in Kansas, six years in South Carolina)] from the date Proof of Claim is required to be submitted to Us after the date of loss.

Physical Examinations: We have the right to have a Physician or other medical practitioner or vocational expert of Our choice examine the Covered Person as often as We feel is necessary while the claim is pending. [We may also have an autopsy made in case of death, unless not allowed by law. We will pay the cost of the exam and autopsy.]

Misstatement of Age: If a Covered Person's Age has been incorrectly stated, the premium rates will be adjusted to the correct Age. If the change in Age affects his benefits, the benefits will be corrected accordingly and the premium adjustment will take this correction into account.

Time Limit on Certain Defenses: If a [Primary] Covered Person made a misstatement on the [application,] We will not use it to void the Certificate or deny a claim for loss incurred after the person about whom the statement was made has been continuously covered under the Policy for two years from his Effective Date; or, with respect to increases in coverage, two years from the Effective Date of the increase in the coverage; unless the misstatement was fraudulent. There is no time limit for fraudulent statements.

Assignment: We will recognize any assignment under the Policy other than a collateral assignment, provided:

1. it is duly executed; and
2. a copy is on file with Us.

We and the Policyholder assume no responsibility for the validity or effect of an assignment.

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Supporting Document Schedules

	Item Status:	Status Date:
<p>Satisfied - Item: Flesch Certification</p> <p>Comments: Please see attached</p> <p>Attachments: Accident Form Revision Readability Cert 5-11.pdf ARKANSAS CONSUMER NOTICE.pdf AR Guaranty Notice.pdf</p>	Approved-Closed	07/06/2012
<p>Satisfied - Item: Application</p> <p>Comments: Application Form LASD-APP2 (01/03) was approved on December 19, 2003.</p>	Approved-Closed	07/06/2012
<p>Satisfied - Item: List of Forms</p> <p>Comments: Please see attached</p> <p>Attachment: AR Accident Forms List.pdf</p>	Approved-Closed	07/06/2012

UnitedHealthcare Insurance Company
185 Asylum Street
Hartford, Connecticut

FLESCH CERTIFICATION

On behalf of UnitedHealthcare Insurance Company, I certify that the forms listed below satisfy the NAIC Model Bill standards of policy language simplification legislation for accident and health insurance.

Form Numbers	Form Title	Flesch Score
UHCAC-ADD (05/12), UHCAC-WAIV (05/12); UHCAC-1FOL (05/12); UHCAC-1CINJ (05/12); UHCAC-AME (05/12); UHCAC-CLM (05/12)	Insert Pages	50.4



Officer's Signature

Jennifer L Lewis-David

Officer's Printed Name

Assistant Secretary

Title

May 9, 2012

Date

ARKANSAS

With respect to residents of the state of Arkansas, the following provision is included to bring your certificate into conformity with Arkansas state law:

Insurer Information Notice

Any questions regarding the Policy may be directed to:
UnitedHealthcare Insurance Company
Administrative Offices
6300 Olson Memorial Highway
Golden Valley, MN 55427
1-866-615-8727

If the question is not resolved, you may contact the Arkansas Insurance Department:
Arkansas Insurance Department
Consumer Services Division
1200 West Third Street
Little Rock, Arkansas 77201-1904
Telephone: 1-800-852-5494 or 501-371-2640

APPENDIX "A"

LIMITATIONS AND EXCLUSIONS UNDER THE ARKANSAS LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION ACT

Residents of this state who purchase life insurance, annuities or health and accident insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association"). The purpose of the Guaranty Association is to assure that policy and contract owners will be protected, within certain limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of policy owners who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by the member insurers through the Guaranty Association is not unlimited, however. And, as noted below, this protection is not a substitute for consumers' care in selecting insurance companies that are well managed and financially stable.

DISCLAIMER

The Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association") may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions and require continued residency in this state. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract.

Coverage is NOT provided for your policy or contract or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.

Insurance companies or their agents are required by law to provide you with this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association to induce you to purchase any kind of insurance policy.

The Arkansas Life and Health Insurance Guaranty Association
c/o The Liquidation Division
1023 West Capitol, Suite 2
Little Rock, Arkansas 72201

Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

The state law that provides for this safety-net is called the Arkansas Life and Health Insurance Guaranty Association Act ("Act"). Below is a brief summary of the Act's coverages, exclusions and limits. This summary does not cover all provisions of the Act; nor does it in any way change anyone's rights or obligations under the Act or the rights or obligations of the Guaranty Association.

COVERAGE

Generally, individuals will be protected by the Guaranty Association if they live in this state and hold a life, annuity or disability health insurance contract or policy, or if they are insured under a group insurance contract issued by a member insurer. The beneficiaries, payees or assignees of policy or contract owners are protected as well, even if they live in another state.

EXCLUSIONS FROM COVERAGE

However, persons owning such policies are NOT protected by the Guaranty Association if:

- They are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- The insurer was not authorized to do business in this state;
- Their policy or contract was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does NOT provide coverage for:

- Any policy or contract or portion thereof which is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract;
- Any policy of reinsurance (unless an assumption certificate was issued);
- Interest rate yields that exceed an average rate;
- Dividends and voting rights and experience rating credits;
- Credits given in connection with the administration of a policy by a group contract holder;
- Employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- Unallocated annuity contracts (which give rights to group contractholders, not individuals);
- Unallocated annuity contracts issued to/in connection with benefit plans protected under Federal Pension Benefit Corporation ("FPBC")(whether the FPBC is yet liable or not);
- Portions of an unallocated annuity contract not owned by a benefit plan or a government lottery (unless the owner is a resident) or issued to a collective investment trust or similar pooled fund offered by a bank or other financial institution);
- Portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by State or Federal law;
- Obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents which do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;
- Contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a non-affiliate benefit plan or its trustees).

LIMITS ON AMOUNT OF COVERAGE

The Act also limits the amount the Guaranty Association is obligated to cover: The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of \$300,000 - no matter how many policies and contracts there were with the same company, even if they provided different types of coverages. Within this overall \$300,000 limit, the Association will not pay more than \$300,000 in health insurance benefits, \$300,000 in present value of annuity benefits, or \$300,000 in life insurance death benefits or net cash surrender values - again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a \$1,000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.

UnitedHealthcare Insurance Company
UHCAC-POL-1 (01/12) et. al. Forms Listing
Group Accident Policy

A list of base form numbers, form description and usage appear below. When printed, the basic certificate form number may appear only on the certificate face page with subsequent forms running in continuous copy. This list shows forms that are included on a standard basis and those that may be optionally quoted as part of the benefit package, and/or optionally selected by the group. Any definition or other module that is not referenced by the benefit options which we quote, or which the Policyholder selects, will be omitted if not applicable.

Policy Form Number	Description	Included
UHCAC-POL-1 (01/12)	Face page	Standard to Include
UHCAC-POL-PG (01/12)	Policy General Provisions	Standard to Include
UHCAC-POL-PG-TERM (01/12)	Policy General Provisions (continued)	Standard to Include
UHCAC-POL-PG-PREM (01/12)	Policy General Provisions (continued)	Standard to Include
UHCAC-POL-EG (01/12)	Enrolling Group Schedule	Optional
UHCAC-POL-TOC (01/12)	Table of Contents	Standard to Include
Certificate Form Number	Description	Included
UHCAC-CRT (01/12)	Face page	Standard to Include
UHCAC-TOC (01/12)	Table of Contents	Standard to Include
UHCAC-SCHED (01/12)	Schedule	Standard to Include
UHCAC-DEF (01/12)	General Definitions	Standard to Include
UHCAC-EELIG (01/12)	[Employee] Eligibility, Effective Date and Termination Provisions	Standard to Include
UHCAC-DELIG (01/12)	Dependent Eligibility, Effective Date and Termination Provisions	Optional
UHCAC-CONT-AR (01/12)	Premium, Continuation, And Reinstatement	Standard to Include
UHCAC-PORT (01/12)	Portability	Optional
UHCAC-ADD (01/12)	Accidental Death And Dismemberment Section	Optional
UHCAC-IC (01/12)	Initial Care Section	Optional
UHCAC-HC (01/12)	Hospital Care Section	Optional
UHCAC-WAIV (01/12)	Waiver Of Premium Section	Optional
UHCAC-IFOL (01/12)	Follow Up Care Section	Optional
UHCAC-2FOL (01/12)	Follow Up Care Section	Optional
UHCAC-1CINJ (01/12)	Common Injuries Section	Optional
UHCAC-2INJ (01/12)	Common Injuries Section	Optional
UHCAC-3INJ (01/12)	Common Injuries Section	Optional
UHCAC-4INJ (01/12)	Common Injuries Section	Optional
UHCAC-5INJ (01/12)	Common Injuries Section	Optional
UHCAC-AME (01/12)	Additional Benefits Section	Optional
UHCAC-CAT (01/12)	Additional Benefits Section	Optional
UHCAC-OCHIV (01/12)	Additional Benefits Section	Optional
UHCAC-WB (01/12)	Additional Benefits Section	Optional
UHCAC-EXCL (01/12)	Exclusions	Standard to Include
UHCAC-CLM (01/12)	Claim Provisions	Standard to Include
UHCAC-AR-NOTICE	Consumer Notice	Standard to Include
Riders	Description	Included
UHCAC-ABR (01/12)	[Policy/Certificate] Benefits Add Rider	Optional Rider
UHCAC-POLMOD (01/12)	[Policy/Certificate] Modifications Rider	Optional Rider