

State: Arkansas **Filing Company:** UnitedHealthcare Insurance Company of the River Valley

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.001A Any Size Group - PPO

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

Project Name/Number: AMD.HRSA.I.RV.AR, etal/AMD.HRSA.I.RV.AR, etal

Filing at a Glance

Company: UnitedHealthcare Insurance Company of the River Valley

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

State: Arkansas

TOI: H16G Group Health - Major Medical

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

Filing Type: Form

Date Submitted: 10/18/2012

SERFF Tr Num: UHLC-128733912

SERFF Status: Closed-Approved-Closed

State Tr Num:

State Status: Approved-Closed

Co Tr Num: AMD.HRSA.I.RV.AR, ETAL

Implementation: On Approval

Date Requested:

Author(s): Kelly Smith

Reviewer(s): Rosalind Minor (primary)

Disposition Date: 10/22/2012

Disposition Status: Approved-Closed

Implementation Date:

State Filing Description:

State: Arkansas **Filing Company:** UnitedHealthcare Insurance Company of the River Valley
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.001A Any Size Group - PPO
Product Name: AMD.HRSA.I.RV.AR, etal
Project Name/Number: AMD.HRSA.I.RV.AR, etal/AMD.HRSA.I.RV.AR, etal

General Information

Project Name: AMD.HRSA.I.RV.AR, etal Status of Filing in Domicile: Pending
 Project Number: AMD.HRSA.I.RV.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: 10/22/2012 Deemer Date:
 State Status Changed: 10/22/2012 Submitted By: Kelly Smith
 Created By: Kelly Smith
 Corresponding Filing Tracking Number: AMD.HRSA.I.RV.AR, etal

PPACA: Grandfathered Immed Mkt Reforms

PPACA Notes: null

Filing Description:

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

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 CoCode: 12231 State of Domicile: Illinois
 Company of the River Valley Group Code: 707 Company Type: Health
 1300 River Drive, Suite 200 Group Name: State ID Number:
 Moline, IL 61265 FEIN Number: 20-1902768
 (309) 765-1485 ext. [Phone]

Filing Fees

Fee Required? Yes
 Fee Amount: \$200.00
 Retaliatory? No
 Fee Explanation: 50.00 x 4
 Per Company: No

Company	Amount	Date Processed	Transaction #
UnitedHealthcare Insurance Company of the River Valley	\$200.00	10/18/2012	64035190

SERFF Tracking #:

UHLC-128733912

State Tracking #:

Company Tracking #:

AMD.HRSA.I.RV.AR, ETAL

State:

Arkansas

Filing Company:

UnitedHealthcare Insurance Company of the River Valley

TOI/Sub-TOI:

H16G Group Health - Major Medical/H16G.001A Any Size Group - PPO

Product Name:

AMD.HRSA.I.RV.AR, etal

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AMD.HRSA.I.RV.AR, etal/AMD.HRSA.I.RV.AR, etal

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	10/22/2012	10/22/2012

State: Arkansas **Filing Company:** UnitedHealthcare Insurance Company of the River Valley
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Disposition

Disposition Date: 10/22/2012

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	No Rate Impact Statements	Approved-Closed	Yes
Supporting Document	Cover letter	Approved-Closed	Yes
Form	AMD.HRSA.I.RV.AR	Approved-Closed	Yes
Form	RXADD.PREV.I.RV.AR	Approved-Closed	Yes
Form	RDR.RXPREV.RV.I.AR	Approved-Closed	Yes
Form	BCEXCLUSION.AMD.RV.AR	Approved-Closed	Yes

State: Arkansas **Filing Company:** UnitedHealthcare Insurance Company of the River Valley
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.001A Any Size Group - PPO
Product Name: AMD.HRSA.I.RV.AR, etal
Project Name/Number: AMD.HRSA.I.RV.AR, etal/AMD.HRSA.I.RV.AR, etal

Form Schedule

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

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1	Approved-Closed 10/22/2012	AMD.HRSA.I.R V.AR	CERA	AMD.HRSA.I.RV.AR	Initial:	43.600	AMD.HRSA.I.RV.AR.pdf
2	Approved-Closed 10/22/2012	RXADD.PREV.I .RV.AR	CERA	RXADD.PREV.I.RV.AR	Initial:	43.600	RXADD.PREV.I.RV.AR.p df
3	Approved-Closed 10/22/2012	RDR.RXPREV. RV.I.AR	CERA	RDR.RXPREV.RV.I.AR	Initial:	43.600	RDR RXPREV RV I AR.pdf
4	Approved-Closed 10/22/2012	BCEXCLUSION .AMD.RV.AR	CERA	BCEXCLUSION.AMD.RV.AR	Initial:	43.600	BCEXCLUSION AMD RV AR.pdf

Form Type Legend:

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

Health Resources and Services Administration (HRSA) Amendment

UnitedHealthcare Insurance Company of the River Valley

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

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 Health Contract), 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 *Article 1: Definitions*.

When we use the words "we," "us," and "our" in this document, we are referring to UnitedHealthcare Insurance Company of the River Valley. When we use the words "you" and "your," we are referring to people who are Subscribers, as that term is defined in *Article 1: Definitions*.

¹*Include for plans with non-network coverage. Do not include for network only plans.*

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. [¹Network] [B][b]enefits for preventive care are payable at 100% of Allowed Charges (without application of any Copayment, Coinsurance, or Deductible).

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.]

¹*Include if the member is only responsible for obtaining prior authorization for non-network benefits.]*

[¹For 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 as shown in Attachment D].]

(Name and Title)

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

UnitedHealthcare Insurance Company of the River Valley

As described in this addendum, benefits for Preventive Care Medications described in the drug rider are modified as stated below.

Because this addendum is part of a legal document (the Group Health Contract), 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)* and in this addendum below.

When we use the words "we," "us," and "our" in this document, we are referring to UnitedHealthcare Insurance Company of the River Valley. When we use the words "you" and "your," we are referring to people who are Subscribers, as that term is defined in the *Certificate*.

Benefits for Preventive Care Medications

Benefits under the 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.uhcrivervalley.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 drug rider:

Preventive Care Medications – the medications that are obtained at a Network Pharmacy with a Prescription Fill, Order or Refill from a Physician and that are payable at 100% of the Prescription Drug Cost (without application of any otherwise applicable Drug Copayment, Drug Coinsurance, Drug Deductible, Deductible or Specialty Prescription Drug Product Annual 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*.

[Applies if immunizations are covered under the pharmacy benefit (e.g., traditional plans):]

- *[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.uhcrivervalley.com or by calling *Customer Service* at the telephone number on your ID card.

(Name and Title)

UNITEDHEALTHCARE INSURANCE COMPANY OF THE RIVER VALLEY

**SUPPLEMENTAL BENEFITS ADDENDUM TO
CERTIFICATE OF COVERAGE UNDER GROUP HEALTH CONTRACT**

**PATIENT PROTECTION AND AFFORDABLE CARE ACT (PPACA)
PREVENTIVE CARE MEDICATIONS RIDER**

This Preventive Care Medications Rider is subject to all provisions of the Certificate of Coverage under Group Health Contract not in conflict with the provisions of this addendum. In the event of such conflict, the provisions in this addendum will govern coverage for Preventive Care Medications.

Benefits for Preventive Care Medications

Benefits are provided for Preventive Care Medications that are obtained at a Network Pharmacy with a Prescription Order or Refill from a Physician. Benefits are payable at 100% of the Prescription Drug Cost (without application of any Copayment, Coinsurance or Annual Deductible). The Member may determine whether a drug is a Preventive Care Medication [through the internet at www.uhcrivervalley.com] or] by calling *Customer Care* at the telephone number on their ID card.

Except as specifically described in this Rider, benefits under the Policy are not available for prescription drug products for outpatient use.

Identification Card (ID Card) - Network Pharmacy

The Member must either show their ID card at the time they obtain the Preventive Care Medication at a Network Pharmacy or they must provide the Network Pharmacy with identifying information that can be verified by UnitedHealthcare during regular business hours.

If the Member doesn't show their ID card or provide verifiable information at a Network Pharmacy, they will be required to pay the Billed Charge for the Preventive Care Medication at the pharmacy.

Classifications of a brand name medication and generic medication are determined by, and subject to continual review and modification by First Data Bank.

EXCLUSIONS

1. Medications available over the counter (OTC) that do not require a prescription.
2. Drugs which are entirely consumed at the time and place of prescribing.
3. Charges for the administration or injection of any medication.
4. Drugs dispensed to a Member while an inpatient in a facility such as a hospital or similar institution when such institution dispenses and bills for medications used during confinement.
5. Replacement of lost, stolen, broken or discarded medications.
6. Drugs labeled “Caution... Limited by Federal Law to Investigational Use”; experimental drugs; or FDA-approved medications in experimental or Non-FDA approved dosage forms, or for Non-approved or experimental indications unless use is a commonly accepted standard of care as indicated by the following official compendia: United States Pharmacopeia Dispensing Information or American Hospital Formulary Service Drug Information.
7. Medications dispensed prior to the effective date or after the termination date of a Member.
8. Medications dispensed by a facility other than a licensed pharmacy.
9. Any medication other than Preventive Care Medications.
10. Preventive Care Medications that are not dispensed by a Network Pharmacy.
11. Outpatient Prescription Drugs in convenience packaging are not covered when the cost exceeds the cost of the drug when purchased in its normal container.

LIMITATIONS

1. Prescription quantity shall be limited to the amount ordered by the prescribing provider for a specified course of treatment. Quantity per Prescription Fill or Prescription Refill shall not exceed a 30-day supply.
2. A Member will be considered to have an adequate supply of medication from the previous dispensing date and will not be eligible for benefits under this addendum if an insufficient number of days have elapsed between Prescription Fills and/or Prescription Refills as determined by UnitedHealthcare.
3. UnitedHealthcare reserves the right to limit the quantity dispensed per Prescription Fill or Prescription Refill and the frequency of Prescription Fills or Prescription Refills to a reasonable amount for a specified condition or episode. UnitedHealthcare reserves the right to limit quantities of medications dispensed to usual dosing frequency approved by FDA.
4. UnitedHealthcare reserves the right to restrict payment for Co-Marketed Drugs to the Outpatient Prescription Drug which is included in the UnitedHealthcare Formulary.

5. Subject to physician authorization, UnitedHealthcare reserves the right to require substitution of a therapeutically equivalent product when clinically appropriate.

6. UnitedHealthcare reserves the right to establish criteria and require prior authorization for new or currently available Outpatient Prescription Drugs.

DEFINITIONS

1. “**Attending Physician**” means a physician who is primarily responsible for the care of Members with respect to any particular injury or illness.
2. “**Billed Charge**” means the price that the pharmacy is requesting for dispensing the Outpatient Prescription Drug. The usual fee that a pharmacy charges individuals for a Preventive Care Medication without reference to reimbursement to the pharmacy by third parties. The Billed Charge includes a dispensing fee and any applicable sales tax.
3. “**Co-Marketed Drug**” means equivalent brand-name Outpatient Prescription Drugs containing the same active ingredient(s) and that are available from more than one pharmaceutical company.
4. “**Contracted Price**” means the price that UnitedHealthcare negotiated with the Network Pharmacy for dispensing the Outpatient Prescription Drug.
5. “**Formulary**” means a listing of Outpatient Prescription Drugs which are approved for coverage by UnitedHealthcare and which will be dispensed through a Network Pharmacy to Members. This list shall be subject to periodic review and modification by UnitedHealthcare. UnitedHealthcare may receive rebates from the manufacturer for Outpatient Prescription Drugs which are listed on the Formulary.
6. “**Generic Drug**” means a chemically equivalent form of a brand-name drug for which the patent has expired.
7. “**Network Pharmacy**” means a pharmacy that is licensed to dispense Outpatient Prescription Drugs and has signed a Network Pharmacy Agreement with UnitedHealthcare.
8. “**Outpatient Prescription Drug**” means a drug which has been approved by the FDA for specific indications and which can, under Federal or State law, be dispensed only pursuant to a Prescription Order. Such medications are labeled “Prescription Only.”
9. “**Prescription Drug Cost**” means the rate UnitedHealthcare agreed to pay the Network Pharmacies, including a dispensing fee and any applicable sales tax, for a Preventive Care Medication dispensed at a Network Pharmacy.
10. “**Prescription Fill**” means the initial quantity of an Outpatient Prescription Drug dispensed pursuant to a Prescription Order.
11. “**Prescription Refill**” means a subsequent quantity of an Outpatient Prescription Drug dispensed after the initial Prescription Fill.
12. “**Prescription Order**” means authorization for the dispensing of an Outpatient Prescription Drug, issued by a medical practitioner who is duly licensed to make such an authorization in the ordinary course of his or her professional practice.

13. **“Preventive Care Medications”** means 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 (without application of any Copayment, Coinsurance or Annual 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*.
 - 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*.

The Member may determine whether a drug is a Preventive Care Medication [through the internet at www.uhcrivervalley.com] or] by calling *Customer Care* at the telephone number on their ID card.

[Name and Title]

**BIRTH CONTROL EXCLUSION
Amendment**

**[UnitedHealthcare Plan of the River Valley, Inc.]
[UnitedHealthcare Insurance Company of the River Valley]**

[Instruction text: Use Subscriber Agreement for HMO, Certificate of Coverage for INS]

As described in this Amendment, the [Subscriber Agreement][Certificate of Coverage] is modified to remove the birth control exclusion.

The following exclusion in the [Subscriber Agreement][Certificate of Coverage] under the section ***Exclusions Applicable to the Contract***, is removed and the remainder of the section would be renumbered:

[x.xx] Drugs, medicines, or any implants or devices used in conjunction with birth control regardless of the intended use unless provided in a supplemental benefits rider attached hereto.

State: Arkansas **Filing Company:** UnitedHealthcare Insurance Company of the River Valley
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.001A Any Size Group - PPO
Product Name: AMD.HRSA.I.RV.AR, etal
Project Name/Number: AMD.HRSA.I.RV.AR, etal/AMD.HRSA.I.RV.AR, etal

Supporting Document Schedules

		Item Status:	Status Date:
Bypassed - Item:	Flesch Certification	Approved-Closed	10/22/2012
Bypass Reason:	Flesch Score = combined 43.6 Application - N/A		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	10/22/2012
Bypass Reason:	Flesch Score = combined 43.6 Application - N/A		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	PPACA Uniform Compliance Summary	Approved-Closed	10/22/2012
Bypass Reason:	Grandfathered Immed Mkt Reforms		
Comments:			

		Item Status:	Status Date:
Satisfied - Item:	No Rate Impact Statements	Approved-Closed	10/22/2012
Comments:			
Attachment(s):	AR RV LG INS 2012_10_01_Womens Prev.pdf AR RV SG INS 2012_10_01_Womens Prev.pdf		

		Item Status:	Status Date:
Satisfied - Item:	Cover letter	Approved-Closed	10/22/2012
Comments:			

SERFF Tracking #:

UHLC-128733912

State Tracking #:

Company Tracking #:

AMD.HRSA.I.RV.AR, ETAL

State:

Arkansas

Filing Company:

UnitedHealthcare Insurance Company of the River Valley

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AMD.HRSA.I.RV.AR, etal/AMD.HRSA.I.RV.AR, etal

Attachment(s):

UHIC RV HRSA Form Filing CVLTR.pdf



48 Monroe Turnpike
Trumbull, CT 06611
Tel 203-459-6723 Fax 860-702-5016
E-Mail: brupert@uhc.com

October 6, 2012

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

**Re: UnitedHealthcare Insurance Company of the River Valley
Large Group (51+) Insurance Rate Filing**

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 10/01/12 and later for United Healthcare Insurance Company and is applicable to employers with 51+ eligible employees.

Please note that rates will not be impacted as referenced under SERFF policy form filing AMD.HRSA.I.RV.AR , RXADD_PREV.I.RV.AR , and RDR.RXPREV.RV.I.AR .

ACTUARIAL CERTIFICATION

I, Ben Rupert, 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,

Ben Rupert, FSA, MAAA
Actuarial Pricing



48 Monroe Turnpike
Trumbull, CT 06611
Tel 203-459-6723 Fax 860-702-5016
E-Mail: brupert@uhc.com

October 6, 2012

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

**Re: UnitedHealthcare Insurance Company of the River Valley
Small Group (2-50) Insurance Rate Filing**

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 10/01/12 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.RV.AR , RXADD_PREV.I.RV.AR , and RDR.RXPREV.RV.I.AR .

ACTUARIAL CERTIFICATION

I, Ben Rupert, 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,

Ben Rupert, FSA, MAAA
Actuarial Pricing



October 17, 2012

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

Re: UnitedHealthcare Insurance Company of the River Valley
NAIC No. 12231

Health Resources and Services Administration (HRSA) Amendment

AMD.HRSA.I.RV.AR, RXADD.PREV.I.RV.AR, RDR.RXPREV.RV.I.AR, and BCEXCLUSION.AMD.RV.AR

Flesch Score: 43.6

Dear Mrs. Minor:

On behalf of UnitedHealthcare Insurance Company of the River Valley, I am submitting the attached form filings for your review and approval. 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.

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

Sincerely,

Kelly Smith
UnitedHealthcare Insurance Company of the River Valley
800 King Farm Boulevard
Rockville, MD 20850
Ph: 240-632-8061
Email: Kelly_smith@uhc.com