

SERFF Tracking Number: USLH-125909065 State: Arkansas
Filing Company: United Security Life and Health Insurance Company State Tracking Number: 40879
Company Tracking Number:
TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001C Any Size Group - Other
Product Name: Prescription Drug Card
Project Name/Number: /PREDRUG-2008-2

Filing at a Glance

Company: United Security Life and Health Insurance Company

Product Name: Prescription Drug Card SERFF Tr Num: USLH-125909065 State: ArkansasLH
TOI: H16G Group Health - Major Medical SERFF Status: Closed State Tr Num: 40879
Sub-TOI: H16G.001C Any Size Group - Other Co Tr Num: State Status: Approved-Closed
Filing Type: Form Co Status: Reviewer(s): Rosalind Minor
Author: Donald Galie Disposition Date: 11/19/2008
Date Submitted: 11/18/2008 Disposition Status: Approved-Closed
Implementation Date Requested: 01/01/2009 Implementation Date:

State Filing Description:

General Information

Project Name: Status of Filing in Domicile: Pending
Project Number: PREDRUG-2008-2 Date Approved in Domicile:
Requested Filing Mode: Domicile Status Comments: Filed simultaneously in all states
Explanation for Combination/Other: Market Type: Group
Submission Type: New Submission Group Market Size: Small
Overall Rate Impact: Group Market Type: Discretionary, Trust
Filing Status Changed: 11/19/2008
State Status Changed: 11/19/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:
See Attached Filing Letter

Company and Contact

Filing Contact Information

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Don Galie, Compliance Manager dgalie@unitedsecuritylandh.com
6640 S Cicero (708) 475-6032 [Phone]
Bedford Park, IL 60638 (708) 475-6120[FAX]

Filing Company Information

United Security Life and Health Insurance CoCode: 81108 State of Domicile: Illinois
Company
6640 S. Cicero Group Code: Company Type:
Bedford Park, IL 60638 Group Name: State ID Number:
(708) 475-6000 ext. [Phone] FEIN Number: 36-3692140

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Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:
Per Company: No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
025733	\$50.00	11/18/2008

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	11/19/2008	11/19/2008

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Disposition

Disposition Date: 11/19/2008

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Flesch Certification - Arkansas	Approved-Closed	Yes
Supporting Document	AR Filing Letter	Approved-Closed	Yes
Supporting Document	Filing Fee - Arkansas	Approved-Closed	Yes
Form	Optional Prescription Drug Card Benefit #2	Approved-Closed	Yes

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Form Schedule

Lead Form Number: PREDRUG-2008-2

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	PREDRUG-2008-2	Certificate Amendmen	Optional Prescription Drug Card Benefit #2	Initial			PREDRUG-2008-2.pdf
			t, Insert Page, Endorseme nt or Rider				

CERTIFICATE AMENDMENT

OPTIONAL PRESCRIPTION DRUG CARD BENEFIT #2

This Amendment modifies the Certificate to which it is attached and made a part of by adding to or deleting from, the following provisions:

I. The following is added to the **DEFINITIONS OF PRESCRIPTION DRUGS** provision:

"Psychostimulants and Psychotropic drugs" are those drugs listed in the Psychotropics portion of the product category index as stated in the most recent edition of the Physicians' Desk Reference.

II. The following are added to the **Prescription Drug Limitations**:

- A. The pharmacist will substitute generic medications, when available, for brand name medications. For generic medication plan variations, brand name medications will be covered on receipt of written documentation from the insured's prescribing physician demonstrating that a generic medication is medically contraindicated.
- B. The amount of Covered Medications will be limited to a 34 day supply. However, Covered Medications that are maintenance medications obtained through the mail, under the mail order program, are limited to a 90-day supply.
- C. Except for inhalers, "prepackaged" medications that are packaged in standardized containers from a prescription medication manufacturer shall not be dispensed in more than one standardized container per prescription order. A maximum of two inhalers per prescription order may be obtained at one time.
- D. Except for the administration of insulin, injectible medications, hypodermic syringes and needles, bee sting kits, Anakits and Epi-pens are excluded. Insulin injectors without a needle are covered if Medically Necessary, that is, where a syringe and needle are inappropriate because the insured cannot find an appropriate site for the injection.
- E. Prescription orders by dentists and physicians for conditions which United Security Life and Health determines to be dental in nature, are excluded.
- F. Cosmetics, health or beauty aids, dietary supplements, anoretics (i.e., appetite suppressants), diet medications, retinoic acid for cosmetic purposes, medication prescribed to remove or lessen wrinkles in the skin, and topical minoxidil and other medications to treat baldness, are excluded.
- G. Medications dispensed in connection with, or because of, a cosmetic or Non-Medically Necessary procedure, are excluded.
- H. Placebo injections and medications are excluded.
- I. Implantable medications and devices (e.g., pain control, Norplant and other contraceptive medications and devices), drug infusion pumps and release devices, are excluded.
- J. Medical and surgical appliances, durable medical equipment, medical supplies, and oxygen and oxygen supplies, are excluded.
- K. Allergy desensitization products are excluded.
- L. Aphrodisiacs are excluded.
- M. Progesterone is excluded.
- N. Non-maintenance or periodic medication may be limited to less than a 30 day supply, if a 30 day supply is in excess of what is considered a necessary standard of practice.

HOW TO USE THE PRESCRIPTION DRUG CARD

If you incur charges for the preparation and dispensing of prescription drugs, we will pay those expenses in the following ways:

Participating Pharmacies -

After you become covered under this Prescription Drug Benefit, you will receive an identification card. The identification card is only used when you request that a prescription be filled or refilled at a Participating Pharmacy. You may incur more out-of-pocket costs, if you do not have your prescriptions filled or refilled at a Participating Pharmacy.

Deductible –

There is a separate prescription drug deductible. Each insured person has a [Two-Hundred Fifty Dollar (\$250.00)] calendar year deductible. The first [Two-Hundred Fifty Dollar (\$250.00)] in prescription drug purchases will be applied to the deductible. When the deductible is satisfied, you are then eligible to copay.

Copayments -

The Copayment is the amount of Covered Charges you must pay at a Participating Pharmacy before benefits are payable under this section. This Copayment is required each time a Covered Prescription is dispensed by a licensed Participating Pharmacist to you. Covered Charges applied toward a Copayment may not be applied to any other Copayment and may not be used to meet any Deductible or the Coinsurance Limit. The Copayments are as follows:

- [\$15.00] toward the purchase of an eligible generic prescription drug for each 34-day supply, in which the [Two-Hundred Fifty Dollar (\$250.00)] Deductible does not apply.
- [\$50.00] toward the purchase of an eligible formulary prescription drug for each 34-day supply.
- [\$75.00] toward the purchase of an eligible non-formulary prescription drug for each 34-day supply.
- [25%] coinsurance for specialty prescription drugs used to treat specific, low-incident chronic and/or genetic conditions. These products may require insured-specific dosing, medical devices to administer and/or special handling and delivery.

Maximum Calendar Year Benefit –

This benefit is subject to the lifetime maximum indicated on the Schedule of Benefits Page of the Certificate of Insurance.

Procedures to Follow – When you visit a Participating Pharmacy to fill or refill a prescription, you must do the following:

1. Present your identification card and prescription to the Participating Pharmacist;
2. Sign the Participating Pharmacy claim voucher, which is provided by the Participating Pharmacy; and
3. Make the Prescription Drug Benefit Copayment to the Participating Pharmacist.

Mail Order Maintenance Medication -

Prescription mail order forms and an explanation of how to use this program can be obtained from the Home Office of United Security Life and Health Insurance Company.

Non-Network Pharmacies -

When you visit a Non-Network Pharmacy to fill or refill a prescription, Covered Charges will not be payable under this benefit, but instead, are payable under the Out-of-Network Major Medical Benefit. You must do the following:

1. Present your prescription to the Non-Network Pharmacist;
2. Pay for the prescription;
3. Complete your portion of the claim form, attach the original drug receipt; and
4. Return the completed claim form to the address indicated on the form for reimbursement of your Covered Charges.
Covered Charges are payable at the percentage indicated on this Amendment.

Annual Cap: [\$0]

United Security Life and Health Insurance Company



Secretary

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Rate Information

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Supporting Document Schedules

Review Status:
Bypassed -Name: Certification/Notice Approved-Closed 11/19/2008
Bypass Reason: See Flesch Certification below
Comments:

Review Status:
Bypassed -Name: Application Approved-Closed 11/19/2008
Bypass Reason: Does not apply
Comments:

Review Status:
Satisfied -Name: Flesch Certification - Arkansas Approved-Closed 11/19/2008
Comments:
Attachment:
 Flesch Certification - Arkansas.pdf

Review Status:
Satisfied -Name: AR Filing Letter Approved-Closed 11/19/2008
Comments:
Attachment:
 AR Filing Letter.pdf

Review Status:
Satisfied -Name: Filing Fee - Arkansas Approved-Closed 11/19/2008
Comments:
 I attached a copy of the Check for your reference which will be mailed as of the date of this submission.
Attachment:
 Filing Fee - Arkansas.pdf



UNITED SECURITY
LIFE AND HEALTH INSURANCE COMPANY

6640 Cicero Avenue, Bedford Park, Illinois 60638
708/475-6100 800/875-4422 Fax 708/475-6120

FLESCH CERTIFICATION

This is to certify that the attached Optional Prescription Drug Card Benefit (PREDRUG-2008-2) received a Flesch Reading Ease Score of 42.39. This form complies with the requirements of ARK. STAT. ANN. 66-66-2351 through 66-3528, cited as the Life and Disability Insurance Policy Language Simplification Act.

Donald P. Galie
Compliance Manager

11-18-2008

Date



6640 Cicero Avenue, Bedford Park, Illinois 60638
708/475-6100 800/875-4422 Fax 708/475-6120

November 18, 2008

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

Attn: Ms Rosalind Minor
Life and Health Division

RE: **UNITED SECURITY LIFE AND HEALTH INSURANCE COMPANY**

FEIN# 36-3692140 / NAIC# 81108

PREDRUG-2008-2 - Optional Prescription Drug Card Benefit

Dear: Ms. Minor:

The enclosed filing is being submitted for your review and approval. This new form does not replace any form previously filed or approved by your state. This form is intended to be used in conjunction with Group Certificate's **ABC-2008APXAR** and **ABC-2008PRPAR**, which were filed and approved by your Department on **August 14, 2008**, respectively.

Optional Prescription Drug Card Benefit – PREDRUG-2008-2 will provide a prescription Drug Benefit which will require a co-payment to the druggist, instead of filing the claim, under major medical, with this office.

Variable material has been indicated on these forms by brackets.

Please direct any questions, correspondence or approval to my attention concerning this filing. I look forward to your approval of these forms. You can call me at 800-875-4422, extension 6032.

Sincerely,

Don

Donald P. Galie
Compliance Manager
United Security Life and Health Insurance Company
dgalie@unitedsecuritylandh.com

