

SERFF Tracking Number:	ANTD-125472146	State:	Arkansas
Filing Company:	Unicare Life & Health Ins. Co.	State Tracking Number:	38998
Company Tracking Number:	07-0024		
TOI:	H16G Group Health - Major Medical	Sub-TOI:	H16G.002A Large Group Only - PPO
Product Name:	2007 Rewrite		
Project Name/Number:	General Exclusions/		

Filing at a Glance

Company: Unicare Life & Health Ins. Co.

Product Name: 2007 Rewrite

TOI: H16G Group Health - Major Medical

Sub-TOI: H16G.002A Large Group Only - PPO

Filing Type: Form

SERFF Tr Num: ANTD-125472146 State: ArkansasLH

SERFF Status: Closed

Co Tr Num: 07-0024

Co Status:

Author: Kimberly M. Rogers

Date Submitted: 05/14/2008

State Tr Num: 38998

State Status: Approved-Closed

Reviewer(s): Rosalind Minor

Disposition Date: 05/20/2008

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: General Exclusions

Project Number:

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 05/20/2008

State Status Changed: 05/20/2008

Corresponding Filing Tracking Number:

Filing Description:

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 06/06/2007

Domicile Status Comments:

Market Type: Group

Group Market Size: Large

Group Market Type: Employer

Deemer Date:

In order to be able to meet the requests made by our client's for specific exclusions to be added to their contracts, we have compiled a new list of general exclusions.

Company and Contact

Filing Contact Information

Gail Velen, Sr. Contract Compliance Advisor gail.velen@wellpoint.com

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Unicare Life & Health Ins. Co. (312) 234-7608 [Phone]
Chicago, IL 60606 (312) 234-7502[FAX]

Filing Company Information

Unicare Life & Health Ins. Co. CoCode: 80314 State of Domicile: Indiana
233 S. Wacker Dr., Suite 3900 Group Code: Company Type: Life & Health
Insurance
Chicago, IL 60606 Group Name: State ID Number:
(312) 234-7893 ext. [Phone] FEIN Number: 52-0913817

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Filing Fees

Fee Required? Yes
Fee Amount: \$100.00
Retaliatory? No
Fee Explanation: \$20 per form x 5 forms= \$100.00
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Unicare Life & Health Ins. Co.	\$0.00	05/14/2008	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	05/20/2008	05/20/2008

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
FILING FEES	Note To Reviewer	Kimberly M. Rogers	05/14/2008	05/14/2008

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Disposition

Disposition Date: 05/20/2008

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ANTD-125472146

State: Arkansas

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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	Cover Letter	Approved-Closed	Yes
Supporting Document	Variability Statement	Approved-Closed	Yes
Form	GCR 140171	Approved-Closed	Yes
Form	GCR 140172-AR	Approved-Closed	Yes
Form	GCR 140173-AR	Approved-Closed	Yes
Form	GCR 140174-AR	Approved-Closed	Yes
Form	GCR 140175-AR	Approved-Closed	Yes

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Project Name/Number: *General Exclusions/*

Note To Reviewer

Created By:

Kimberly M. Rogers on 05/14/2008 07:55 AM

Subject:

FILING FEES

Comments:

The required filing fees for this submission have been sent via United States Postal Service on May 12, 2008. The check number is 60824709, in the amount of \$100.00.

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Form Schedule

Lead Form Number:

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	GCR 140171	Certificate	GCR 140171	Initial		0	GCR 140171.pdf
			Amendmen t, Insert Page, Endorseme nt or Rider				
Approved-Closed	GCR 140172-AR	Certificate	GCR 140172-AR	Initial		0	GCR 140172-AR.pdf
			Amendmen t, Insert Page, Endorseme nt or Rider				
Approved-Closed	GCR 140173-AR	Certificate	GCR 140173-AR	Initial		0	GCR 140173-AR.pdf
			Amendmen t, Insert Page, Endorseme nt or Rider				
Approved-Closed	GCR 140174-AR	Certificate	GCR 140174-AR	Initial		0	GCR 140174-AR.pdf
			Amendmen t, Insert Page, Endorseme nt or Rider				
Approved-Closed	GCR 140175-AR	Certificate	GCR 140175-AR	Initial		0	GCR 140175-AR.pdf
			Amendmen t, Insert Page, Endorseme nt or Rider				

GENERAL MEDICAL EXCLUSIONS (Continued)

Except as otherwise provided by state law, the group policy's Medical Expense Insurance does not provide benefits for:

1. [Charges for (services or supplies related to) alternative or complementary medicine. Services in this category include, but are not limited to, [acupuncture],[holistic medicine],[homeopathy], [hypnosis], [aroma therapy], [massage therapy], [reiki therapy], [herbal], [vitamin] or [dietary products or therapies],[naturopathy], [thermograph], [orthomolecular therapy],[contact reflex analysis], [bioenergal synchronization technique (BEST)] and [iridology-study of the iris,] [acupressure,] [aromatherapy,] [ayurveda,] [biofeedback,] [faith healing,] [guided mental imagery,] [herbal medicine,] [homeopathy,] [hypnosis,] [macrobiotics,] [naturopathy,] [ozone therapy,] [reflexotherapy,] [relaxation response,] [rolfing,] [shiatsue[,]] [and] [yoga[,]] [and other forms of alternative medicine not specifically stated as a covered expense.
2. [Charges for [alternative medicine.] [services and supplies for: [macromastia][or] [gynecomastia surgeries]; surgical treatment of varicose veins; abdominoplasty; [panniculectomy;] [rhinoplasty;][blepharoplasty;] [orthognathic][surgeries]; [redundant skin surgery;] [removal of skin tags;] [craniosacral/cranial therapy;][dance therapy,][movement therapy;] [applied kinesiology;][prolotherapy;] [and][extracorporeal shock wave lithotripsy (ESWL) for musculoskeletal][and orthopedic conditions][,][and other forms of alternative medicine not specifically stated as a covered expense.]
3. [Charges for care required while incarcerated in a federal, state or local penal institution or required while in custody of federal, state or local law enforcement authorities, including but not limited to work release programs, unless otherwise required by law or regulation.]
4. [Charges for completion of claim forms or charges for medical records or reports unless otherwise required by law;]

5. [Charges for [sterilization and/or] the reversal of sterilization [including but not limited to] [,] [vasectomy] [tubal ligation] [or] [reversals].
6. [Charges for telephone consultations or consultations via facsimile, electronic mail or internet/website.]
7. [Charges for examinations in connection with research screening]
8. [Charges for examinations, biologicals and immunizations required for enrollment in any insurance program, as a condition of employment, [school], [sport] [or] [camp] [licensure], [foreign travel], or [or for protection against work hazards and risks.]
9. [Charges for services and supplies related to sex transformation, male or female sexual or erectile dysfunctions, enhancements or inadequacies, regardless of origin or cause. This Exclusion also includes sexual therapy and counseling, penile prostheses or implants and vascular or artificial reconstruction, prescription drugs, and all other procedures and equipment developed for or used in the treatment of impotency, and all related diagnostic testing.]
10. [Charges [in excess of the Maximum Benefit] for [physical,] [occupational,] [respiratory,] [cognitive] [pulmonary] [therapy] [and] [cardiac rehabilitation programs] [shown on the Schedule of Benefits.]]
11. [Charges for hospital visits by a physician.]
12. [Charges for [inpatient] and [outpatient] treatment for Chemical Dependency or Substance Abuse [in excess of the Maximum Benefit shown on the Schedule of Benefits.]]
13. [Charges for Skilled Nursing Facilities [in excess of the Maximum Benefit shown on the Schedule of Benefits.]]

GCR 140172-AR

14. [Charges for Home Health Care.] [in excess of the Maximum Benefit shown on the Schedule of Benefits.]]
15. [Charges for Hospice Care.] [in excess of the Maximum Benefit shown on the Schedule of Benefits.]]
16. [Charges for Durable Medical Equipment, including but not limited to a wheelchair or life sustaining equipment [in excess of the Maximum Benefit shown on the Schedule of Benefits.]]
17. [Charges for Prosthetic Devices [in excess of the Maximum Benefit shown on the Schedule of Benefits.]]
18. [Charges for non-hospital X-Ray and Laboratory expenses,][except for laboratory expenses required by law.]
19. [Charges for services, supplies and physician charges for Outpatient Surgery]
20. [Charges for any expense incurred for services received outside of the United States while you are residing outside of the United States for more than [six months] [90 days] in a year [except as required by law for emergency care services.]]
21. [Charges for education or training, except for [one] session[s] of diabetes self-management training if prescribed by a physician. [educational][or] [vocational therapy,] [testing][services or schools], including therapeutic boarding schools and other therapeutic environments. [Educational][or] [vocational][videos,] [tapes,][books] and similar materials are also excluded]].
22. [Charges for services, supplies, and treatment of nicotine habit or addiction] [including, but not limited to,][nicotine patches][,] [laser therapy][hypnosis][,][smoking cessation classes][,][tapes]
23. [Charges for Immunotherapy for recurrent abortion;]
24. [Charges for Chemonucleolysis;]
25. [Charges for Biliary lithotripsy;]
26. [Charges for Home uterine activity monitoring;]
27. [Charges for Sleep therapy;]
28. [Charges for Light treatments for Seasonal Affective Disorder (S.A.D.);]
29. [Charges for Immunotherapy for food allergy;]
30. [Charges for Prolotherapy;]

GCR 140173-AR

31. [Charges for Cranial banding;]
32. [Charges for Hyperhydrosis surgery;]
33. [Charges for Lactation therapy;] [or]
34. [Charges for Sensory integration therapy][.] [Charges for [hair prosthesis] [hair transplants] [or] [implants] [,] [and] [wigs] [except for hair loss due to alopecia.]
35. [Charges arising injuries from the member's participation in an illegal occupation [or commission of] [or attempt to commit a criminal act.]
36. [Charges for treatment, services, or surgical procedures intended for the treatment of obesity, morbid obesity, or similar condition involving a covered person's weight. This exclusion applies even if there are associated co-morbid conditions, syndromes, or symptoms which cause, complicate, exacerbate, or result from the obesity, morbid obesity, or similar condition.]
37. [Charges for hearing aids, including, but not limited to semi-implantable hearing devices, audiant bone conductors and Bone Anchored Hearing Aids (BAHAs) or the fitting of a hearing aid.] [A hearing aid is any device that amplifies sound.]
38. [Charges for genetic screening or pre-implantation genetic screening.] [General population-based genetic screening is a testing method performed in the absence of any symptoms or any significant, proven risk factors for genetically-linked inheritable disease.]
39. [Charges for a weekend non-emergency hospital admissions, specifically admissions to a hospital on a Friday or Saturday at the convenience of the covered person or his or her health care practitioner when there is no cause for an emergency admission and the covered person receives no surgery or therapeutic treatment until the following Monday.]

GCR 140174-AR

40. [Charges for allergy shots],[,][charges for therapy and testing for treatment of allergies including, but not limited to, services related to [clinical][ecology,][environmental allergy] [and] [allergic immune system] [dysregulation] [and] [sublingual antigen(s),] [extracts,][neutralization tests] [and/or treatment] unless such therapy or testing is approved by:
 - The American Academy of Allergy and Immunology; or
 - The Department of Health and Human Services or any of its offices or agencies.]
41. [Charges for conditions caused by or contributed by direct participation in a riot, civil disobedience, nuclear explosion, or nuclear accident; or [inadvertent release of nuclear energy when government funds are available for treatment of illness or injury arising from such release of nuclear energy.]
42. [Charges for conditions as a result of being intoxicated or under the influence of illegal narcotics or non-prescribed controlled substances unless administered on the advice of a Doctor.]
43. [Charges for items which are furnished primarily for personal comfort or convenience, including but not limited to air purifiers, air conditioners, humidifiers, exercise equipment, treadmills, spas, elevators and supplies for hygiene or beautification [including wigs]].

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Rate Information

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Supporting Document Schedules

Satisfied -Name: Certification/Notice

Review Status:

Approved-Closed

05/20/2008

Comments:

Attachment:

AR-Gen Exclusions Readability.pdf

Bypassed -Name: Application

Review Status:

Approved-Closed

05/20/2008

Bypass Reason: Not Applicable

Comments:

Satisfied -Name: Cover Letter

Review Status:

Approved-Closed

05/20/2008

Comments:

Attachment:

Filing Ltr-AR Gen Exclusions.pdf

Satisfied -Name: Variability Statement

Review Status:

Approved-Closed

05/20/2008

Comments:

Attachment:

Variability Statement - AR.pdf



CERTIFICATION OF COMPLIANCE WITH READABILITY STANDARDS

Unicare Life & Health Insurance Company hereby certifies that this filing complies with A.C.A: §23-80-206. The Flesch reading ease test scores derived by analysis of the entire text of the following forms are:

Form Number

Flesch Score

GCR 140171	49.3 when integrated to certificate drawn from existing library
GCR 140172-AR	
GCR 140173-AR	
GCR 140174-AR	
GCR 140175-AR	

Exclusions from scoring are limited to:

- the name, number or title of the policy or certificate forms;
- the table of contents;
- captions, subcaptions and form numbers;
- specification pages;
- schedules and tables; and
- any specific language required by state statute.

These forms are printed, except for specification pages, schedules and tables, in not less than 10-point, 1-point leaded typeface.



Signature of Company Officer:

Jimmy Lee
Vice-President and General Manager

Date: January 31, 2008



Gail R. Velen, AIRC
Sr. Contract Compliance Advisor
Regulatory Compliance Department
Phone: 312-234-7608
Fax: 312-234-7888
E-mail: gail.velen@wellpoint.com

February 4, 2008

Re: UNICARE Life & Health Insurance Company
NAIC# 435-80314 FEIN# 52-0913817
Filing ID# 07-0024

<u>General Use Submission</u>	<u>Group Health</u>
GCR 140171	Certificate Insert Page
GCR 140172-AR	Certificate Insert Page
GCR 140173-AR	Certificate Insert Page
GCR 140174-AR	Certificate Insert Page
GCR 140175-AR	Certificate Insert Page

<u>Previously Approved</u>	<u>Approval Date</u>
GPI 1000-1 Policy of Inclusion	May 28, 1996
GCR 100-PI Certificate Exhibit	May 28, 1996

Dear Reviewer:

Enclosed for filing on a general use basis is the above captioned form. This form is new and will not replace any form currently on file with your Department. The form is intended for use with our previously approved library of matrix forms as represented above.

In order to be able to meet the requests made by our clients for specific exclusions to be added to their contracts, we have compiled a new general list of exclusions. A statement of Variability is submitted for your reference. Our Actuarial Department does not find that there is a rate impact.

Indiana, our state of domicile, approved the captioned forms on June 6, 2007.

We reserve the right to change fonts and layouts. We certify that the font will never be less than 10 point type.

Your review for approval, at your earliest convenience, is appreciated. Please feel free to contact me at the referenced numbers if you have any questions regarding this filing.

Sincerely,

Gail R. Velen
Sr. Contract Compliance Advisor

SCHEDULE OF VARIABILITY - ARKANSAS

Each one of the exclusions, in whole, or in part may be elected by the Client as an addition to their plan. The brackets for each of the exclusions represent that the exclusion may be included/excluded or only some of the bracketed information may be elected.

We will develop a list of some of the most requested exclusions and make that list an option for the Clients.

In addition, the following comments apply for the State of Arkansas:

Form GCR 140172-AR:

Item #12 - only the first section would be added if the must offer requirement of ACA 23-86-113 was not taken. If it was taken, then the "in excess of the Maximum . . ." language would also be included.

Form GCR 140173-AR:

Item #15 - only the first section would be added if the must offer requirement of ACA 23-86-120 was not taken. If it was taken, then the "in excess of the Maximum . . ." language would also be included.

Item # 21 – wording has been added to the diabetes self-management training to indicate that it would include "one session" if covering only the mandate. It would include "sessions" if the must offer requirement WAS taken.