

<i>SERFF Tracking Number:</i>	<i>HUMA-125589658</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Humana Insurance Company</i>	<i>State Tracking Number:</i>	<i>38584</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H16I Individual Health - Major Medical</i>	<i>Sub-TOI:</i>	<i>H16I.005A Individual - Preferred Provider (PPO)</i>
<i>Product Name:</i>	<i>AR-70129 MAINT 4/2008</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: Humana Insurance Company
 Product Name: AR-70129 MAINT 4/2008
 TOI: H16I Individual Health - Major Medical
 Sub-TOI: H16I.005A Individual - Preferred Provider (PPO)
 Filing Type: Form

SERFF Tr Num: HUMA-125589658 State: ArkansasLH
 SERFF Status: Closed State Tr Num: 38584
 Co Tr Num: State Status: Approved-Closed
 Co Status: Reviewer(s): Rosalind Minor
 Authors: Susan Ortiz, Amy Stroh, Disposition Date: 04/07/2008
 Berthena Reed, Heather Davis
 Date Submitted: 04/01/2008 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval
 State Filing Description:

Implementation Date:

General Information

Project Name:
 Project Number:
 Requested Filing Mode:
 Explanation for Combination/Other:
 Submission Type: New Submission
 Overall Rate Impact:
 Filing Status Changed: 04/07/2008
 State Status Changed: 04/07/2008
 Corresponding Filing Tracking Number:
 Filing Description:
 Please see attached cover letter

Status of Filing in Domicile:
 Date Approved in Domicile:
 Domicile Status Comments:
 Market Type: Individual
 Group Market Size:
 Group Market Type:
 Deemer Date:

Company and Contact

SERFF Tracking Number: HUMA-125589658 State: Arkansas
 Filing Company: Humana Insurance Company State Tracking Number: 38584
 Company Tracking Number:
 TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005A Individual - Preferred Provider (PPO)
 Product Name: AR-70129 MAINT 4/2008
 Project Name/Number: /

Filing Contact Information

Berthena Reed, Contract Analyst breed2@humana.com
 2 Riverwood Place (262) 951-2516 [Phone]
 Waukesha, WI 53188

Filing Company Information

Humana Insurance Company CoCode: 73288 State of Domicile: Wisconsin
 1100 Employers Boulevard Group Code: 119 Company Type: Life & Health
 Green Bay, WI 54344 Group Name: State ID Number:
 (800) 558-4444 ext. [Phone] FEIN Number: 39-1263473

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Humana Insurance Company	\$50.00	04/01/2008	19179449

SERFF Tracking Number: HUMA-125589658 State: Arkansas
Filing Company: Humana Insurance Company State Tracking Number: 38584
Company Tracking Number:
TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005A Individual - Preferred Provider
(PPO)
Product Name: AR-70129 MAINT 4/2008
Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	04/07/2008	04/07/2008

SERFF Tracking Number: HUMA-125589658

State: Arkansas

Filing Company: Humana Insurance Company

State Tracking Number: 38584

Company Tracking Number:

TOI: H16I Individual Health - Major Medical

Sub-TOI: H16I.005A Individual - Preferred Provider
(PPO)

Product Name: AR-70129 MAINT 4/2008

Project Name/Number: /

Disposition

Disposition Date: 04/07/2008

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: HUMA-125589658 State: Arkansas
 Filing Company: Humana Insurance Company State Tracking Number: 38584
 Company Tracking Number:
 TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005A Individual - Preferred Provider
 (PPO)
 Product Name: AR-70129 MAINT 4/2008
 Project Name/Number: /

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	Cover Letter	Approved-Closed	Yes
Supporting Document	Transmittal Document	Approved-Closed	Yes
Form	Arkansas Maintenance Rider	Approved-Closed	Yes

SERFF Tracking Number: HUMA-125589658 State: Arkansas
 Filing Company: Humana Insurance Company State Tracking Number: 38584
 Company Tracking Number:
 TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005A Individual - Preferred Provider (PPO)
 Product Name: AR-70129 MAINT 4/2008
 Project Name/Number: /

Form Schedule

Lead Form Number:

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	AR-70129 MAINT 4/2008	Policy/Contract	Arkansas Fraternal Maintenance Rider	Initial			AR-70129 MAINT 4-2008.pdf
		Certificate:	Amendment, Insert Page, Endorsement or Rider				

ARKANSAS RIDER

HUMANA INSURANCE COMPANY

[Policyholder: [John Doe]]

[Policy Number: [xxxxxxx]]

[Effective Date: [xxxxxxxxx]]

This benefit rider is attached to and made a part of your policy. Except as modified below, all policy terms, conditions, and limitations apply.

The policy to which this rider is attached is amended as follows:

Maternity Rider

The Well Baby Care provision has been removed.

Office Visit Copayment Rider

Physician Assistant has been added to the list of Primary Care Providers.

[SIGNATURE]

[Michael B. McCallister]
[President]

SERFF Tracking Number: HUMA-125589658

State: Arkansas

Filing Company: Humana Insurance Company

State Tracking Number: 38584

Company Tracking Number:

TOI: H16I Individual Health - Major Medical

Sub-TOI: H16I.005A Individual - Preferred Provider
(PPO)

Product Name: AR-70129 MAINT 4/2008

Project Name/Number: /

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: HUMA-125589658 State: Arkansas
 Filing Company: Humana Insurance Company State Tracking Number: 38584
 Company Tracking Number:
 TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005A Individual - Preferred Provider
 (PPO)
 Product Name: AR-70129 MAINT 4/2008
 Project Name/Number: /

Supporting Document Schedules

Satisfied -Name: Certification/Notice **Review Status:** Approved-Closed 04/07/2008
Comments:
 Please see attached
Attachment:
 Certificate of Readability.pdf

Bypassed -Name: Application **Review Status:** Approved-Closed 04/07/2008
Bypass Reason: Not applicable
Comments:

Bypassed -Name: Health - Actuarial Justification **Review Status:** Approved-Closed 04/07/2008
Bypass Reason: Not applicable
Comments:

Bypassed -Name: Outline of Coverage **Review Status:** Approved-Closed 04/07/2008
Bypass Reason: Not applicable
Comments:

Satisfied -Name: Cover Letter **Review Status:** Approved-Closed 04/07/2008
Comments:
 Please see attached
Attachment:
 Cover letter.pdf

Satisfied -Name: Transmittal Document **Review Status:** Approved-Closed 04/07/2008

SERFF Tracking Number: HUMA-125589658 State: Arkansas
Filing Company: Humana Insurance Company State Tracking Number: 38584
Company Tracking Number:
TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005A Individual - Preferred Provider
(PPO)
Product Name: AR-70129 MAINT 4/2008
Project Name/Number: /

Comments:

Please see attached

Attachment:

Transmittal.pdf

CERTIFICATION

RE: Form AR-70129 MAINT 4/2008

I hereby certify, to the best of my knowledge and belief, that the enclosed form(s) comply(ies) with the requirements of Arkansas Insurance Code 23-80-206.

Form Number(s)

AR-70129 MAINT 4/2008

Flesch Test Reading Ease Score

51.4



Signed by: _____

Steve DeRaleau
Vice President

Date: April 1, 2008

April 1, 2008

Life and Health Division
Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

**RE: HUMANA INSURANCE COMPANY
Individual Health Form Filing
Arkansas Rider: AR-70129 MAINT 4/2008
NAIC #73288
FEIN #39-1263473**

Dear Sir/Madam:

We are enclosing the above-referenced form for your review and approval. This form is new and will not replace any previously filed or approved forms. This form will be used with our Individual Health policy series, Form GN-70129 8/2002, et al, which was approved by your Department on May 24, 2005.

The rider modifies the policy as follows:

Maternity Rider

- The Well Baby Care provision has been removed.

Office Visit Copayment Rider

- Physician Assistant has been added to the list of Primary Care Providers.

The language in the rider may be incorporated into the body of the policy when issued.

If you have any questions regarding this submission, you may contact me by telephone at 1-800-289-0260 extension 2516, by fax at 920-339-7004 or by email at breed2@humana.com

Sincerely,
HUMANA INSURANCE COMPANY

Berthena Reed
Contract Analyst

Life, Accident & Health, Annuity, Credit Transmittal Document (Revised 1/1/06)

Reset Form

1.	Prepared for the State of	Arkansas
----	---------------------------	----------

2.	Department Use Only	
	State Tracking ID	

3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #
	Humana Insurance Company 1100 Employer Blvd Green Bay WI 54344	WI		119	73288	391263473

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	Berthena Reed Humana Insurance Company N19W24133 Riverwood Drive Waukesha WI 53188	800-289-0260 ext 2516	920-339-7004	breed2@humana.com

5.	Requested Filing Mode	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain) : _____
----	-----------------------	---

6a.	Company Tracking Number	AR-70129 MAINT 4/20	6b.	SERFF Tracking Number	
7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission	Previous file #			
8.	Market	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise Group <input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____			
9.	Type of Insurance	H16I Individual Health-Major Medical			
10.	Product Coding Matrix Filing Code	H16I.005A Individual-Preferred Provider(PPO)			

11.	Submitted Documents	<p><input checked="" type="checkbox"/> FORMS</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Policy</td> <td><input type="checkbox"/> Outline of Coverage</td> <td><input type="checkbox"/> Certificate</td> </tr> <tr> <td><input type="checkbox"/> Application/Enrollment</td> <td><input checked="" type="checkbox"/> Rider/Endorsement</td> <td><input type="checkbox"/> Advertising</td> </tr> <tr> <td><input type="checkbox"/> Schedule of Benefits</td> <td colspan="2"><input type="checkbox"/> Other: _____</td> </tr> </table> <p><input type="checkbox"/> RATES</p> <p><input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate</p> <p><input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____</p> <p><u>SUPPORTING DOCUMENTATION</u></p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Articles of Incorporation</td> <td><input type="checkbox"/> Third Party Authorization</td> </tr> <tr> <td><input type="checkbox"/> Association Bylaws</td> <td><input type="checkbox"/> Trust Agreements</td> </tr> <tr> <td><input type="checkbox"/> Statement of Variability</td> <td><input type="checkbox"/> Certifications</td> </tr> <tr> <td><input type="checkbox"/> Actuarial Memorandum</td> <td></td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other: _____</td> </tr> </table>	<input type="checkbox"/> Policy	<input type="checkbox"/> Outline of Coverage	<input type="checkbox"/> Certificate	<input type="checkbox"/> Application/Enrollment	<input checked="" type="checkbox"/> Rider/Endorsement	<input type="checkbox"/> Advertising	<input type="checkbox"/> Schedule of Benefits	<input type="checkbox"/> Other: _____		<input type="checkbox"/> Articles of Incorporation	<input type="checkbox"/> Third Party Authorization	<input type="checkbox"/> Association Bylaws	<input type="checkbox"/> Trust Agreements	<input type="checkbox"/> Statement of Variability	<input type="checkbox"/> Certifications	<input type="checkbox"/> Actuarial Memorandum		<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Policy	<input type="checkbox"/> Outline of Coverage	<input type="checkbox"/> Certificate																			
<input type="checkbox"/> Application/Enrollment	<input checked="" type="checkbox"/> Rider/Endorsement	<input type="checkbox"/> Advertising																			
<input type="checkbox"/> Schedule of Benefits	<input type="checkbox"/> Other: _____																				
<input type="checkbox"/> Articles of Incorporation	<input type="checkbox"/> Third Party Authorization																				
<input type="checkbox"/> Association Bylaws	<input type="checkbox"/> Trust Agreements																				
<input type="checkbox"/> Statement of Variability	<input type="checkbox"/> Certifications																				
<input type="checkbox"/> Actuarial Memorandum																					
<input type="checkbox"/> Other: _____																					
12.	Filing Submission Date	4/1/2008																			
13.	Filing Fee (If required)	Amount <u> \$50.00 </u> Check Date <u> EFT </u> Retaliatory <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Check Number <u> NA </u>																			
14.	Date of Domiciliary Approval																				
15.	Filing Description:																				
	See cover letter																				

View Complete Filing Description

16.	Certification (If required)	
	<p>I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of <u>Arkansas</u>.</p>	
	Print Name <u>Berthena Reed</u>	Title <u>Contract Analyst</u>
	Signature <u><i>B. Reed</i></u>	Date <u>4/01/2008</u>

17.	Form Filing Attachment
This filing transmittal is part of company tracking number	AR-70129 MAINT 4/2008
This filing corresponds to rate filing company tracking number	

	Document Name Description	Form Number		Replaced Form Number Previous State Filing Number
01	Arkansas Rider	AR-70129 MAINT 4/2008	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	NA
02			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
11			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
12			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

18. Rate Filing Attachment				
This filing transmittal is part of company tracking number			NA	
This filing corresponds to form filing company tracking number			NA	
Overall percentage rate impact for this filing			n/a %	
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
01			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
11			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
12			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	