

SERFF Tracking Number: HUMA-125675515 State: Arkansas
Filing Company: Humana Insurance Company State Tracking Number: 39174
Company Tracking Number:
TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005A Individual - Preferred Provider
(PPO)
Product Name: AR-70129 MAINT 6/2008
Project Name/Number: /

Filing at a Glance

Company: Humana Insurance Company
Product Name: AR-70129 MAINT 6/2008 SERFF Tr Num: HUMA-125675515 State: ArkansasLH
TOI: H16I Individual Health - Major Medical SERFF Status: Closed State Tr Num: 39174
Sub-TOI: H16I.005A Individual - Preferred Provider (PPO) Co Tr Num: State Status: Approved-Closed
Filing Type: Form Co Status: Reviewer(s): Rosalind Minor
Authors: Susan Ortiz, Amy Stroh, Disposition Date: 06/09/2008
Berthena Reed, Heather Davis
Date Submitted: 06/02/2008 Disposition Status: Approved-Closed
Implementation Date Requested: On Approval Implementation Date:
State Filing Description:

General Information

Project Name: Status of Filing in Domicile:
Project Number: Date Approved in Domicile:
Requested Filing Mode: Domicile Status Comments:
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Group Market Size:
Overall Rate Impact: Group Market Type:
Filing Status Changed: 06/09/2008
State Status Changed: 06/09/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:
See attached cover letter

Company and Contact

SERFF Tracking Number: HUMA-125675515 State: Arkansas
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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	06/02/2008	20614606

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	06/09/2008	06/09/2008

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Disposition

Disposition Date: 06/09/2008

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	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	Transmittal Document	Approved-Closed	Yes
Supporting Document	Cover Letter	Approved-Closed	Yes
Form	Arkansas Rider	Approved-Closed	Yes

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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	AR-70129 MAINT 6/2008	Policy/Cont	Arkansas Rider ract/Fratern al Certificate	Initial			AR-70129 MAINT 6- 2008.pdf

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:

1. The **Schedule, Medical Covered Expenses, 14. Preventive Care** is hereby amended by adding the following:

14. **Preventive Care**

- A. **Routine Services to Include: Exams, Pap Smears and PSA Tests (Other than Immunizations from Birth through Age 18, Child Health Services, Routine Mammograms, and Colorectal Cancer Screening (High Risk))**

Network Provider: You pay 20% coinsurance, we pay 80% of covered expenses.

Non-Network Provider: You pay 40% coinsurance, we pay 60% of covered expenses after deductible.

- B. **Routine Laboratory, Pathology and Radiology Tests (Other than Child Health Services, Routine Mammograms, Pap Smears, PSA Tests, and Colorectal Cancer Screening (High Risk))**

Network Provider: You pay 20% coinsurance, we pay 80% of covered expenses after deductible.

Non-Network Provider: You pay 40% coinsurance, we pay 60% of covered expenses after deductible.

- C. **Immunizations from Birth through Age 18**

Network Provider: You pay 0% coinsurance, we pay 100% of covered expenses.

Non-Network Provider: You pay 0% coinsurance, we pay 100% of covered expenses.

- D. **Routine Mammograms**

Network Provider: You pay 20% coinsurance, we pay 80% of covered expenses.

Non-Network Provider: You pay 40% coinsurance, we pay 60% of covered expenses after deductible.

- Benefit maximum for routine mammogram is \$50 per screening, which includes payment for both the professional and technical components.

ARKANSAS RIDER

E. Child Health Services

Network Provider: You pay 20% coinsurance, we pay 80% of covered expenses.

Non-Network Provider: You pay 40% coinsurance, we pay 60% of covered expenses after deductible.

F. Colorectal Cancer Screening (High Risk)

Network Provider: You pay 20% coinsurance, we pay 80% of covered expenses

Non-Network Provider: You pay 40% coinsurance, we pay 60% of covered expenses after deductible.

- Benefit maximum for preventive care is limited to \$300 of *covered expenses* per *covered person* per *calendar year*, subject to applicable *coinsurance*. This benefit maximum does not apply to routine mammograms, child health *services*, immunizations from birth through age 18, and Colorectal Cancer Screening (High Risk).

028.AR.06/08

[SIGNATURE]

[Michael B. McCallister]
[President]

SERFF Tracking Number: HUMA-125675515

State: Arkansas

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Supporting Document Schedules

Satisfied -Name: Certification/Notice **Review Status:** Approved-Closed 06/09/2008
Comments:
 Please see attached
Attachment:
 Certificate of Readability.pdf

Bypassed -Name: Application **Review Status:** Approved-Closed 06/09/2008
Bypass Reason: See cover letter for form number and approval date.
Comments:

Bypassed -Name: Health - Actuarial Justification **Review Status:** Approved-Closed 06/09/2008
Bypass Reason: NA
Comments:

Bypassed -Name: Outline of Coverage **Review Status:** Approved-Closed 06/09/2008
Bypass Reason: NA
Comments:

Satisfied -Name: Transmittal Document **Review Status:** Approved-Closed 06/09/2008
Comments:
 Please see attached
Attachment:
 Transmittal Document.pdf

Satisfied -Name: Cover Letter **Review Status:** Approved-Closed 06/09/2008

SERFF Tracking Number: HUMA-125675515 *State:* Arkansas
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Project Name/Number: /

Comments:

Please see attached

Attachment:

Cover letter.pdf

CERTIFICATION

RE: Form AR-70129 MAINT 6/2008

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 6/2008

Flesch Test Reading Ease Score

40.1



Signed by: _____

Steve DeRaleau
Vice President

Date: June 2, 2008

Reset Form

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	Arkansas
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2.	Department Use Only
	State Tracking ID

3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	Humana Insurance Company 1100 Employers Blvd Green Bay WI 54344	WI		119	73288	39-12 63473	

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	Berthena Reed N19 W24133 Riverwood Dr Ste 250 Waukeshs 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): _____
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6.	Company Tracking Number	AR-70129 MAINT 6/2008
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7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission	Previous file # _____
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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: _____
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9.	Type of Insurance	H16I Individual Health-Major Medical
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10.	Product Coding Matrix Filing Code	H16L005A Individual-Preferred Provider(PPO)
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11.	Submitted Documents	<div style="margin-bottom: 10px;"> <input type="checkbox"/> FORMS <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 </div> <div style="margin-bottom: 10px;"> Rates <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____ </div> <div> SUPPORTING DOCUMENTATION <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 _____ </div>
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17.	Form Filing Attachment	
This filing transmittal is part of company tracking number		AR-70129 MAINT 6/2008
This filing corresponds to rate filing company tracking number		

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	Arkansas Maintenance Rider	AR-70129 MAINT 6/2008	<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 _____	

LH FFA-1

18.		Rate Filing Attachment		
This filing transmittal is part of company tracking number				
This filing corresponds to form filing company tracking number		AR-70129 MAINT 6/2008		
Overall percentage rate indication (when applicable)				
Overall percentage rate impact for this filing		%		
	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 _____	

LH RFA-1

June 2, 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 6/2008
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:

- Added Colorectal Cancer Screening (High Risk) coverage information to the Preventive Care section of the Schedule page.

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