

SERFF Tracking Number: ICCI-125633584 State: Arkansas
Filing Company: Pan American Life Insurance Company State Tracking Number: 38940
Company Tracking Number: PAN-AM VISION RIDER AND GVI APPLICATION 0408
TOI: H20G Group Health - Vision Sub-TOI: H20G.000 Health - Vision
Product Name: Pan-Am Vision Rider and GVI application 0408
Project Name/Number: Pan-Am Vision Rider and GVI application 0408/Pan-Am Vision Rider and GVI application 0408

Filing at a Glance

Company: Pan American Life Insurance Company

Product Name: Pan-Am Vision Rider and GVI application 0408 SERFF Tr Num: ICCI-125633584 State: ArkansasLH

TOI: H20G Group Health - Vision

SERFF Status: Closed

State Tr Num: 38940

Sub-TOI: H20G.000 Health - Vision

Co Tr Num: PAN-AM VISION
RIDER AND GVI APPLICATION
0408

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Rosalind Minor

Author: Brenda Dawson

Disposition Date: 05/13/2008

Date Submitted: 05/13/2008

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Pan-Am Vision Rider and GVI application 0408

Status of Filing in Domicile:

Project Number: Pan-Am Vision Rider and GVI application 0408

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small

Overall Rate Impact:

Group Market Type: Employer

Filing Status Changed: 05/13/2008

Deemer Date:

State Status Changed: 05/13/2008

Corresponding Filing Tracking Number:

Filing Description:

See attached letter, Vision rider and application

Company and Contact

SERFF Tracking Number: ICCI-125633584 State: Arkansas
 Filing Company: Pan American Life Insurance Company State Tracking Number: 38940
 Company Tracking Number: PAN-AM VISION RIDER AND GVI APPLICATION 0408
 TOI: H20G Group Health - Vision Sub-TOI: H20G.000 Health - Vision
 Product Name: Pan-Am Vision Rider and GVI application 0408
 Project Name/Number: Pan-Am Vision Rider and GVI application 0408/Pan-Am Vision Rider and GVI application 0408

Filing Contact Information

(This filing was made by a third party - insurancecomplianceconsultantsinc)

Brenda Dawson, Authorized Representative Brendadawson@inscompliance.com
 519 Colman Center Drive (815) 316-6714 [Phone]
 Rockford, IL 61108 (815) 316-6720[FAX]

Filing Company Information

Pan American Life Insurance Company CoCode: 67539 State of Domicile: Louisiana
 1300 Godward Street NE Group Code: Company Type:
 Suite 6800
 Minneapolis, MN 55413 Group Name: State ID Number:
 (612) 331-0112 ext. [Phone] FEIN Number: 72-0281240

Filing Fees

Fee Required? Yes
 Fee Amount: \$40.00
 Retaliatory? No
 Fee Explanation: \$20 per form
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Pan American Life Insurance Company	\$40.00	05/13/2008	20287065

SERFF Tracking Number: *ICCI-125633584* State: *Arkansas*
 Filing Company: *Pan American Life Insurance Company* State Tracking Number: *38940*
 Company Tracking Number: *PAN-AM VISION RIDER AND GVI APPLICATION 0408*
 TOI: *H20G Group Health - Vision* Sub-TOI: *H20G.000 Health - Vision*
 Product Name: *Pan-Am Vision Rider and GVI application 0408*
 Project Name/Number: *Pan-Am Vision Rider and GVI application 0408/Pan-Am Vision Rider and GVI application 0408*

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	05/13/2008	05/13/2008

Amendments

Item	Schedule	Created By	Created On	Date Submitted
Network Vision Rider	Form	Brenda Dawson	05/13/2008	05/13/2008

SERFF Tracking Number: ICCI-125633584 State: Arkansas
Filing Company: Pan American Life Insurance Company State Tracking Number: 38940
Company Tracking Number: PAN-AM VISION RIDER AND GVI APPLICATION 0408
TOI: H20G Group Health - Vision Sub-TOI: H20G.000 Health - Vision
Product Name: Pan-Am Vision Rider and GVI application 0408
Project Name/Number: Pan-Am Vision Rider and GVI application 0408/Pan-Am Vision Rider and GVI application 0408

Disposition

Disposition Date: 05/13/2008

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ICCI-125633584 State: Arkansas
 Filing Company: Pan American Life Insurance Company State Tracking Number: 38940
 Company Tracking Number: PAN-AM VISION RIDER AND GVI APPLICATION 0408
 TOI: H20G Group Health - Vision Sub-TOI: H20G.000 Health - Vision
 Product Name: Pan-Am Vision Rider and GVI application 0408
 Project Name/Number: Pan-Am Vision Rider and GVI application 0408/Pan-Am Vision Rider and GVI application 0408

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	Fee Schedule	Approved-Closed	Yes
Supporting Document	Authorization Letter	Approved-Closed	Yes
Form (revised)	Network Vision Rider	Approved-Closed	Yes
Form	Network Vision Rider	Withdrawn	No
Form	Group Application	Approved-Closed	Yes

SERFF Tracking Number: ICCI-125633584 State: Arkansas
 Filing Company: Pan American Life Insurance Company State Tracking Number: 38940
 Company Tracking Number: PAN-AM VISION RIDER AND GVI APPLICATION 0408
 TOI: H20G Group Health - Vision Sub-TOI: H20G.000 Health - Vision
 Product Name: Pan-Am Vision Rider and GVI application 0408
 Project Name/Number: Pan-Am Vision Rider and GVI application 0408/Pan-Am Vision Rider and GVI application 0408

Amendment Letter

Amendment Date:
 Submitted Date: 05/13/2008

Comments:

Vision Rider VIS-RIDER-0408 was revised to add [24] beside references to limits of [12] months, on page 1

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
VIS-RIDER-0408	Certificate Amendment,	Network Vision Rider	Initial				54	VIS-RIDER-0408 5-13-08.pdf
	Insert Page,							
	Endorsement or Rider							

SERFF Tracking Number: ICCI-125633584 State: Arkansas
 Filing Company: Pan American Life Insurance Company State Tracking Number: 38940
 Company Tracking Number: PAN-AM VISION RIDER AND GVI APPLICATION 0408
 TOI: H20G Group Health - Vision Sub-TOI: H20G.000 Health - Vision
 Product Name: Pan-Am Vision Rider and GVI application 0408
 Project Name/Number: Pan-Am Vision Rider and GVI application 0408/Pan-Am Vision Rider and GVI application 0408

Form Schedule

Lead Form Number: VIS-RIDER-0408

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	VIS-RIDER-0408	Certificate Amendment, Insert Page, Endorsement or Rider	Network Vision Rider	Initial		54	VIS-RIDER-0408 5-13-08.pdf
Approved-Closed	GVI-APP-0408	Application/Group Enrollment Form	Application	Initial		50	GVI-APP-0408 5-2-08.pdf

PAN-AMERICAN LIFE INSURANCE COMPANY
New Orleans, Louisiana

This rider is made part of the Certificate to which it is attached. This Rider is subject to all provisions of the Group Policy which are not in conflict with the provisions of this Rider.

[This benefit provision only applies if it is elected and the required premiums are paid.]

NETWORK VISION BENEFIT RIDER

The following changes are included in the Policy and the Certificate of Insurance to which the Rider is attached:

The section **BENEFITS - VISION** on the Schedule of Benefits is deleted in it's entirety and replaced with the following:

	<u>[Network</u>	<u>Non-Network (up to a maximum benefit amount of:]</u>
[Vision exam		
Deductible[Copay]	[0;\$5;\$10;\$15]	[0;\$5;\$10;\$15]
Benefit (Limit of one exam during any [12][24] months in a row.)	[100%]	[\$35]
Materials		
Deductible[Copay]	[0;\$5;\$10;\$15]	[\$0;\$5;\$10;\$15]
Frames Benefit (Limited to one set of frames every [12][24] months)	[100%]	[\$59.00]
Lens Benefit (Uncoated Plastic) (Limited to one set of lenses every [12][24] months) Lens allowance for a single lens is one half the allowance shown for a pair		
Single Vision	[100 %]	[\$26.00]
Bifocal Vision	[100 %]	[\$40.00]
[Progressive, No-line Bifocals]	[100 %]	[\$90.00]
Trifocal Vision	[100 %]	[\$60.00]
Lenticular Vision	[100 %]	[\$100.00]
Contact Lenses Benefit (Limited to one pair of contact lenses every [12][24] months.)		
Contact Lenses when necessary	[100 %]	[\$300.00]
Elective (including exam)	[100 %]	[\$105.00]

[Insured is responsible for any separate contact lens professional fitting fee not covered by the contact lens allowance.]

[Spectacle lens styles, materials, treatments or "add-ons" not shown in the above Schedule will be an additional cost to the insured, based on an agreement, if any, with the Provider Network.]

[WHEN COVERED SERVICES ARE OBTAINED FROM A NETWORK PROVIDER, THE INSURED IS ONLY RESPONSIBLE FOR THE CO-PAYMENT AMOUNT LISTED ABOVE.

WHEN SERVICES ARE OBTAINED FROM A NON-NETWORK PROVIDER, PAYMENT OF BENEFITS ARE BASED UPON THE PLAN ALLOWANCE AFTER DEDUCTION OF THE CO-PAYMENT LISTED ABOVE.]

The “**Vision Examination**” definition in the **DEFINITIONS** section is deleted in its entirety and replaced with the following:

“**Vision Examinations**” – means a comprehensive eye examination which shall include: [1) personal and family medical and ocular history; 2) visual acuity (unaided or acuity with present correction); 3) external exam; 4) pupillary exam; 5) visual field testing (confrontation); 6) internal exam (direct or indirect ophthalmoscopy recording cup disc ratio, blood vessel status and any abnormalities; 7) biomicroscopy (i.e. cover test); 8) tonometry; 9) refraction (with recorded visual acuity); 10) extra ocular muscle balance assessment; 11) diagnosis and treatment plan].

The definition of “**Vision Materials**” in the **DEFINITIONS** section is deleted in its entirety and replaced with the following:

“**Vision Materials**” – means corrective lenses or frames or both that are necessary for proper visual health, together with certain services as necessary. Services include, but are not limited to: (1) prescribing and ordering proper lenses; (2) assisting with selection of frames; (3) verifying accuracy of finished lenses; (4) proper fitting and adjustments.

The following definitions are added to the **DEFINITIONS** section:

Network Vision Provider - means an optometrist, ophthalmologist, optician or optical supply business that has entered into a written agreement with a preferred provider organization that we have contracted with and has agreed to provide vision care services and supplies.

Non-Network Vision Provider - An optometrist, ophthalmologist, optician or optical supply business that has not entered into a written agreement with a preferred provider organization that we have contracted with to provide vision care services or supplies.

The following is added to the **VISION BENEFIT** section:

Network Provider Services

Network Provider services and supplies are available to all Insureds through any participating Network Location.

Should an Insured use the services or supplies of a Network Vision Provider, the Network Benefit Payment Rate shown in the Schedule of Benefits will apply.

Should an Insured use the services or supplies of a Non-Network Vision Provider, the Non-Network Benefit Payment Rate shown in the Schedule of Benefits will apply.

Accessing Benefits

1. The Insured presents their Identification Card when visiting a provider. An Insured may locate Network Vision Providers by calling the toll-free number listed on their Identification Card.
2. The Insured presents their Identification Card at the time of service and pay any Copayment and other charges not covered at the time of service. [No paperwork is required at Network Vision Provider locations.]

If the Insured selects a Non-Network Vision Provider, full payment is given to the provider at the time of service. Original invoices including an itemized statement of charges and your prescription must be sent to Our administrator in order for the Insured to be reimbursed.

[Prior Authorization Requirement

Some benefits listed in the Schedule of Benefits are subject to prior authorization. The Insured or the attending Provider must send a completed request to Us or Our authorized administrator prior to the service being provided. If the required authorization is not obtained, no benefits will be paid for the above expenses and the entire charge will be Your responsibility.]

[Network Frames:

[The Network Provider will show the Insured the frames that the Policy covers in full.] [Network Providers can also order any currently provided frame that an Insured may find elsewhere.] If an Insured selects a frame that costs more than the amount the Policy covers, the Insured is responsible for the difference in cost.]

Contact Lenses Benefit:

Contact lenses when necessary - One pair of contact lenses under the following circumstances [and only if prior authorization from the Us or Our administrator is obtained]: [1) following cataract surgery without intraocular lens; 2) correction of extreme visual acuity problems not correctable with glasses; 3) Anisometropia greater than 5.00 diopters and aesthenopia or diplopia, with spectacles; 4) Keratoconus; or 5) monocular aphakia and/or binocular aphakia where the doctor certifies contact lenses are medically necessary for safety and rehabilitation to a productive life]. [Replacement will not be more often than once in any [12][24] month period and only if prior authorization is obtained from Us or Our administrator.] [The Copayment is waived.]

Contact lenses when elective - Benefits include: (1) The cost of an annual vision examination, subject to the Copayment; and (2) the cost of contact lenses, any fitting cost and follow-up visit up to a maximum as shown in the Schedule of Benefits[, not subject to the Copayment]. This benefit is in lieu of all other benefits and not available when benefits for eyeglasses are received. Replacement will not be more often than the number of times shown in the Schedule of Benefits.

The following Limitations are added to the Section titled VISION EXCLUSIONS AND LIMITATIONS:

Limitations – In no event will coverage exceed the lesser of:

1. The actual cost of covered services or Materials;
2. The limits of the Policy, shown in the Schedule of Benefits; or
3. The maximum amount as shown in the Schedule of Benefits.

The following exclusions are added to the Section titled VISION EXCLUSIONS AND LIMITATIONS:

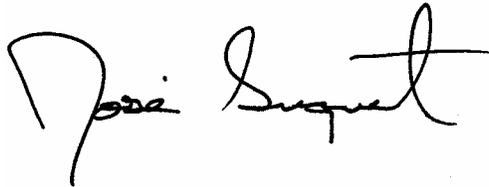
13. [Blended lenses;
14. Progressive multifocal lenses;
15. Photochromic lenses; tinted lenses, sunglasses, prescription or plano;
16. Coating of lens or lenses;
17. Laminating of lens or lenses;
18. Groove, Drill or Notch, and Roll and Polish; unless otherwise specifically listed as a covered benefit in the Schedule of Benefits;
19. Two pair of glasses, in lieu of bifocals, trifocals or progressives;

20. Medical or surgical treatment of the eyes;
21. Charges incurred after: (a) the Policy ends; or (b) the Insured's coverage under the Policy ends, except as stated in the Policy;
22. Experimental or non-conventional treatment or device;
23. Contact lenses, except as specifically covered by the Policy;
24. Hi Index, aspheric and non-aspheric styles;
25. Oversize 61 and above lens or lenses;
26. Cosmetic items, unless otherwise specifically listed as a covered benefit in the Schedule of Benefits.]

No other Policy provision or condition is changed in any way by this Rider, except as described above.

Signed for the Company at New Orleans, Louisiana.

PAN-AMERICAN LIFE INSURANCE COMPANY

A handwritten signature in black ink, appearing to read "David S. Sargent". The signature is written in a cursive style with a large initial "D" and a long horizontal stroke at the end.

Chairman of the Board
President and Chief Executive Officer

[marketing name] APPLICATION FOR GROUP VISION INSURANCE
Underwritten by Pan-American Life Insurance Company
To avoid unnecessary correspondence and delay, please complete all applicable questions.

GROUP INFORMATION

Full legal name of proposed group: _____
(as it is to appear on policy)

Taxpayer ID: _____ Nature of business or SIC Code: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Person in Charge: _____ Title: _____ Fax: _____

Contact for Billing Information: _____ Phone: _____

Eligibility Contact: _____ Phone: _____

Eligible Employees (any exclusions must be based upon conditions pertaining to employment):

() All full-time employees who work at least [25] hours per week

() Other (describe in detail) _____

Waiting period: New employees will be eligible on the first day of the month following _____ month(s) of full-time employment. Present employees who have satisfied this waiting period are eligible on the effective date of this coverage.

Total number of eligible employees: _____ Total number of employees _____

If vision coverage is voluntary, what is the Section 125 plan anniversary date? _____

Dependents covered? ____ Yes ____ No Through IRC Section 125? ____ Yes ____ No

Other information: _____

PLAN DETAILS

[Plan Frequency: Exam Every _____ months Lenses every _____ months Frame every _____ months

Copayments:[Network Provider Name]

Allowances :[Network provider name]

Exam \$ _____ Materials \$ _____

Frame: \$ _____ Elective contact lens \$ _____

Monthly cost: \$ _____ Emp. \$ _____ Emp. +(1/sp) \$ _____ Emp. + Child(ren) \$ _____ Emp. + family]

AGREEMENT

The undersigned group hereby applies for Vision care through Pan-American Life Insurance Company. It is understood and agreed that:

- A. The group will cover all current and future eligible employees as defined above.
- B. Coverage terminates for employees/dependents on the last day of the month in which employment was terminated.
- C. Group will continue this agreement in force for a minimum of [one][two] year[s] from the Effective Date.
- D. Group will submit monthly premiums due and payable directly to Pan-American Life Insurance Company with a single remittance by the 1st of each month.

The plan will become effective on the 1st day of _____, _____ provided that all of the following has been completed prior to the effective date:

- A. Application has been submitted to and accepted by Pan-American Life Insurance Company or it's designated Administrator.
- B. Pan-American Life Insurance Company or it's designated Administrator is furnished a list of employees showing name, social security number, birth date, and which employees have dependent coverage.
- C. A check for the first month's coverage included herewith.

This application signed this _____ day of _____,

Group/Employer _____

By _____ Title _____
(authorized signature)

(NOTE: COVERAGE IS NOT IN FORCE UNTIL BROKER/GROUP IS NOTIFIED OF ACCEPTANCE BY PAN-AMERICAN LIFE INSURANCE COMPANY)
The broker/consultant indicated below is hereby designated Broker of Record by the above signed employer.

[FRAUD STATEMENT

Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

FRAUD STATEMENT APPLICABLE TO RESIDENTS OF ARKANSAS, LOUISIANA AND WEST VIRGINIA

Any person who knowingly presents a false or fraudulent claim for payment of loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD STATEMENT APPLICABLE TO RESIDENTS OF COLORADO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

FRAUD STATEMENT APPLICABLE TO RESIDENTS OF DISTRICT OF COLUMBIA

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefit if false information materially related to a claim was provided by the applicant.

FRAUD STATEMENT APPLICABLE TO RESIDENTS OF FLORIDA

Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

FRAUD STATEMENT APPLICABLE TO RESIDENTS OF KENTUCKY

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

FRAUD STATEMENT APPLICABLE TO APPLICATIONS TAKEN IN THE STATE OF NEW JERSEY

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

FRAUD STATEMENT APPLICABLE TO RESIDENTS OF NEW MEXICO

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OR LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

FRAUD STATEMENT APPLICABLE TO RESIDENTS OF OKLAHOMA

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

FRAUD STATEMENT APPLICABLE TO RESIDENTS OF OREGON AND TEXAS

Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of fraud.

FRAUD STATEMENT APPLICABLE TO RESIDENTS OF TENNESSEE

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

FRAUD STATEMENT APPLICABLE TO RESIDENTS OF VIRGINIA

Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.]

IMPORTANT NOTICE: HIV TESTING

[California law prohibits an HIV test from being required or used by health insurance companies as a condition of obtaining health insurance coverage.]

BROKER / CONSULTANT

Name: _____
(as it appears on commission agreement)

Firm: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____ Fax: _____

This application signed this _____ day of _____, _____

By _____ Title: _____
(group/employer)

By _____ Title: _____
(broker/consultant)

Taxpayer ID #: _____ Commissions are hereby assigned to the firm ____ Yes ____ No

SERFF Tracking Number: ICCI-125633584 State: Arkansas
Filing Company: Pan American Life Insurance Company State Tracking Number: 38940
Company Tracking Number: PAN-AM VISION RIDER AND GVI APPLICATION 0408
TOI: H20G Group Health - Vision Sub-TOI: H20G.000 Health - Vision
Product Name: Pan-Am Vision Rider and GVI application 0408
Project Name/Number: Pan-Am Vision Rider and GVI application 0408/Pan-Am Vision Rider and GVI application 0408

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: ICCI-125633584 State: Arkansas
Filing Company: Pan American Life Insurance Company State Tracking Number: 38940
Company Tracking Number: PAN-AM VISION RIDER AND GVI APPLICATION 0408
TOI: H20G Group Health - Vision Sub-TOI: H20G.000 Health - Vision
Product Name: Pan-Am Vision Rider and GVI application 0408
Project Name/Number: Pan-Am Vision Rider and GVI application 0408/Pan-Am Vision Rider and GVI application 0408

Supporting Document Schedules

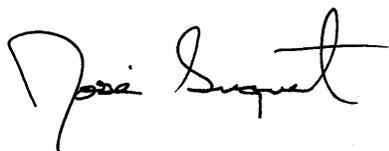
Satisfied -Name: Certification/Notice	Review Status: Approved-Closed	05/13/2008
Comments:		
Attachment: Cert of Comp Vision Rider.pdf		
Satisfied -Name: Application	Review Status: Approved-Closed	05/13/2008
Comments: Application is with the forms		
Satisfied -Name: Cover letter	Review Status: Approved-Closed	05/13/2008
Comments:		
Attachment: AR Pan Am Vision Rider and App 5-13-08.pdf		
Satisfied -Name: Fee Schedule	Review Status: Approved-Closed	05/13/2008
Comments:		
Attachment: AR_Fee_Schedule Vision Rider.pdf		
Satisfied -Name: Authorization Letter	Review Status: Approved-Closed	05/13/2008
Comments:		
Attachment: ICC PAN-AM AUTH - Vision Rider and GVI app.pdf		

**Certificate of Compliance with
Arkansas Rule and Regulation 19**

Insurer: Pan-American Life Insurance Company

Form Number(s): VIS-RIDER-0408 and GVI-APP-0408

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirement of Rule and Regulation 19.

A handwritten signature in black ink that reads "Jose Suquet". The signature is written in a cursive style with a large initial "J" and a long horizontal stroke at the end.

Signature of Company Officer

Jose Suquet

Name

President and CEO
Title

May 13, 2008
Date



INSURANCE
COMPLIANCE
CONSULTANTS, INC.

519 Colman Center Drive
Rockford, Illinois 61108

Phone: (815) 316-6714
FAX: (815) 316-6720

May 13, 2008

Honorable Julie Benafield Bowman
Insurance Commissioner
State of Arkansas
Arkansas Department of Insurance
1200 W. Third St.
Little Rock, AR 72201-1904

RE: Pan-American Life Insurance Company - NAIC: 67539
FEIN: 72-0281240
Network Vision Rider – VIS-RIDER-0408
Group Application – GVI-APP-0408

Dear Commissioner Benafield Bowman:

We are hereby submitting the above referenced forms for filing in your state. These forms are new and are not intended to replace any forms previously approved in your state.

Insurance Compliance Consultants, Inc., is making this filing on behalf of Pan-American Life Insurance Company. A filing authorization letter is attached. All correspondence should be addressed to Insurance Compliance Consultants, Inc., at the address shown above.

The Network Vision Rider form VIS-RIDER-0408 is intended to be used to provide PPO Vision coverage under Group [Dental or Dental and Vision or Vision] Policy form DEN-06-P, issued to eligible employers in your state, previously approved by your Department on May 12, 2006.

Application form GVI-APP-0408 will be used to apply for this coverage.

Louisiana the state of domicile approved this filing on May 12, 2008.

Bracketed material is considered variable.

We certify that to the best of our knowledge and belief, these forms do not violate any laws or regulations of your state and do not contain any previously disapproved provisions.

These forms were prepared on a personal computer and will ultimately be printed from another data processing system that may cause some print style and/or page spacing changes. However, there will not be any changes to the actual text of the form or to the general print size.

Your prompt review of this submission will be greatly appreciated. If I can provide any additional information, please contact me at (815)316-6714, fax me at (815)316-6720, or e-mail me at Brendadawson@inscompliance.com . Thank you.

Sincerely,

Brenda Dawson, FLMI, AIRC, ACS
Authorized Representative
Insurance Compliance Consultants, Inc.



**ARKANSAS
INSURANCE
DEPARTMENT**
1200 West Third Street
Little Rock Arkansas 72201-1904
501-371-2600

Mike Pickens
Insurance Commissioner

ATTN: LIFE & HEALTH DIVISION, ARKANSAS INSURANCE DEPARTMENT

Company Name: Pan-American Life Insurance Company
 Company NAIC Code: 67539
 Company Contact Person & Telephone # Brenda Dawson, Insurance Compliance Consultants, Inc., (815) 316-6714
 Form Number(s): VIS-RIDER-0408, GVI-APP-0408

 * INSURANCE DEPARTMENT USE ONLY *
 * * * * *
 * ANALYST: _____ AMOUNT: _____ ROUTE SLIP: _____ *
 * * * * *

ALL FEES ARE PER EACH INSURER, PER ANNUAL STATEMENT LINE OF BUSINESS, UNLESS OTHERWISE INDICATED.

FEE SCHEDULE FOR ADMITTED INSURERS

RATE/FORM FILINGS

Life and/or Disability policy form filing and review, per each policy, contract, annuity form, per each insurer, per each filing * _____ x \$50 = _____
 **Retaliatory _____

Life and/or Disability - Filing and review of each rate filing or loss ratio guarantee filing, per each insurer. * _____ x \$50 = _____
 **Retaliatory _____

Life and/or Disability Policy, Contract or Annuity Forms: Filing and review of each certificate, rider, endorsement or application if each is filed separately from the basic form. * 2 _____ x \$20 = 40
 **Retaliatory _____

Policy and contract forms, all lines, filing corrections in previously filed policy and contract forms. * _____ x \$20 = _____
 **Retaliatory _____

Life and/or Disability: Filing and review of Insurer's advertisements, per advertisement, per each insurer. * _____ x \$25 = _____
 **Retaliatory _____

AMEND CERTIFICATE OF AUTHORITY

Review and processing of information to * _____ x \$400 = _____

amend an Insurer's Certificate of Authority.

Filing to amend Certificate of Authority.

*** _____ x \$100 = _____

*THESE FEES ARE PAYABLE UNDER THE NEW FEE SCHEDULE AS OUTLINED UNDER RULE AND REGULATION 57.

**THESE FEES ARE PAYABLE UNDER THE OLD FEE SCHEDULE AS OUTLINED UNDER ARK. CODE ANN. 23-63-102, RETALIATORY TAX.

***THESE FEES ARE PAYABLE AS REQUIRED IN ARK. ANN. 23-61-401.



May 1, 2008

NAIC Company Code: 67539

Re: Vision Rider VIS-RIDER-0408 and Group Application GVI-APP-0408

To: All State Insurance Departments

Pan-American Life Insurance Company of New Orleans, LA, hereby authorizes Insurance Compliance Consultants, Inc., to represent us in the submission of the above captioned forms and to negotiate with insurance departments for their approval.

Sincerely,

PAN-AMERICAN LIFE INSURANCE COMPANY

A handwritten signature in black ink, appearing to read "José Suquet". The signature is fluid and cursive, with a long horizontal stroke at the end.

José Suquet, President and Chief Executive Officer

SERFF Tracking Number: *ICCI-125633584* *State:* *Arkansas*
Filing Company: *Pan American Life Insurance Company* *State Tracking Number:* *38940*
Company Tracking Number: *PAN-AM VISION RIDER AND GVI APPLICATION 0408*
TOI: *H20G Group Health - Vision* *Sub-TOI:* *H20G.000 Health - Vision*
Product Name: *Pan-Am Vision Rider and GVI application 0408*
Project Name/Number: *Pan-Am Vision Rider and GVI application 0408/Pan-Am Vision Rider and GVI application 0408*

Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Form	Network Vision Rider	05/13/2008	VIS-RIDER-0408.pdf

PAN-AMERICAN LIFE INSURANCE COMPANY
New Orleans, Louisiana

This rider is made part of the Certificate to which it is attached. This Rider is subject to all provisions of the Group Policy which are not in conflict with the provisions of this Rider.

[This benefit provision only applies if it is elected and the required premiums are paid.]

NETWORK VISION BENEFIT RIDER

The following changes are included in the Policy and the Certificate of Insurance to which the Rider is attached:

The section **BENEFITS - VISION** on the Schedule of Benefits is deleted in it's entirety and replaced with the following:

	<u>[Network</u>	<u>Non-Network (up to a maximum benefit amount of:]</u>
[Vision exam		
Deductible[Copay]	[0;\$5;\$10;\$15]	[0;\$5;\$10;\$15]
Benefit (Limit of one exam during any [12] months in a row.)	[100%]	[\$35]
Materials		
Deductible[Copay]	[0;\$5;\$10;\$15]	[\$0;\$5;\$10;\$15]
Frames Benefit (Limited to one set of frames every [12] months)	[100%]	[\$59.00]
Lens Benefit (Uncoated Plastic) (Limited to one set of lenses every [12] months) Lens allowance for a single lens is one half the allowance shown for a pair		
Single Vision	[100 %]	[\$26.00]
Bifocal Vision	[100 %]	[\$40.00]
[Progressive, No-line Bifocals]	[100 %]	[\$90.00]
Trifocal Vision	[100 %]	[\$60.00]
Lenticular Vision	[100 %]	[\$100.00]
Contact Lenses Benefit (Limited to one pair of contact lenses every [12] months.)		
Contact Lenses when necessary	[100 %]	[\$300.00]
Elective (including exam)	[100 %]	[\$105.00]
[Insured is responsible for any separate contact lens professional fitting fee not covered by the contact lens allowance.]		

[Spectacle lens styles, materials, treatments or "add-ons" not shown in the above Schedule will be an additional cost to the insured, based on an agreement, if any, with the Provider Network.]

[WHEN COVERED SERVICES ARE OBTAINED FROM A NETWORK PROVIDER, THE INSURED IS ONLY RESPONSIBLE FOR THE CO-PAYMENT AMOUNT LISTED ABOVE.

WHEN SERVICES ARE OBTAINED FROM A NON-NETWORK PROVIDER, PAYMENT OF BENEFITS ARE BASED UPON THE PLAN ALLOWANCE AFTER DEDUCTION OF THE CO-PAYMENT LISTED ABOVE.]

The “**Vision Examination**” definition in the **DEFINITIONS** section is deleted in its entirety and replaced with the following:

“**Vision Examinations**” – means a comprehensive eye examination which shall include: [1) personal and family medical and ocular history; 2) visual acuity (unaided or acuity with present correction); 3) external exam; 4) pupillary exam; 5) visual field testing (confrontation); 6) internal exam (direct or indirect ophthalmoscopy recording cup disc ratio, blood vessel status and any abnormalities; 7) biomicroscopy (i.e. cover test); 8) tonometry; 9) refraction (with recorded visual acuity); 10) extra ocular muscle balance assessment; 11) diagnosis and treatment plan].

The definition of “**Vision Materials**” in the **DEFINITIONS** section is deleted in its entirety and replaced with the following:

“**Vision Materials**” – means corrective lenses or frames or both that are necessary for proper visual health, together with certain services as necessary. Services include, but are not limited to: (1) prescribing and ordering proper lenses; (2) assisting with selection of frames; (3) verifying accuracy of finished lenses; (4) proper fitting and adjustments.

The following definitions are added to the **DEFINITIONS** section:

Network Vision Provider - means an optometrist, ophthalmologist, optician or optical supply business that has entered into a written agreement with a preferred provider organization that we have contracted with and has agreed to provide vision care services and supplies.

Non-Network Vision Provider - An optometrist, ophthalmologist, optician or optical supply business that has not entered into a written agreement with a preferred provider organization that we have contracted with to provide vision care services or supplies.

The following is added to the **VISION BENEFIT** section:

Network Provider Services

Network Provider services and supplies are available to all Insureds through any participating Network Location.

Should an Insured use the services or supplies of a Network Vision Provider, the Network Benefit Payment Rate shown in the Schedule of Benefits will apply.

Should an Insured use the services or supplies of a Non-Network Vision Provider, the Non-Network Benefit Payment Rate shown in the Schedule of Benefits will apply.

Accessing Benefits

1. The Insured presents their Identification Card when visiting a provider. An Insured may locate Network Vision Providers by calling the toll-free number listed on their Identification Card.
2. The Insured presents their Identification Card at the time of service and pay any Copayment and other charges not covered at the time of service. [No paperwork is required at Network Vision Provider locations.]

If the Insured selects a Non-Network Vision Provider, full payment is given to the provider at the time of service. Original invoices including an itemized statement of charges and your prescription must be sent to Our administrator in order for the Insured to be reimbursed.

[Prior Authorization Requirement

Some benefits listed in the Schedule of Benefits are subject to prior authorization. The Insured or the attending Provider must send a completed request to Us or Our authorized administrator prior to the service being provided. If the required authorization is not obtained, no benefits will be paid for the above expenses and the entire charge will be Your responsibility.]

[Network Frames:

[The Network Provider will show the Insured the frames that the Policy covers in full.] [Network Providers can also order any currently provided frame that an Insured may find elsewhere.] If an Insured selects a frame that costs more than the amount the Policy covers, the Insured is responsible for the difference in cost.]

Contact Lenses Benefit:

Contact lenses when necessary - One pair of contact lenses under the following circumstances [and only if prior authorization from the Us or Our administrator is obtained]: [1) following cataract surgery without intraocular lens; 2) correction of extreme visual acuity problems not correctable with glasses; 3) Anisometropia greater than 5.00 diopters and aesthenopia or diplopia, with spectacles; 4) Keratoconus; or 5) monocular aphakia and/or binocular aphakia where the doctor certifies contact lenses are medically necessary for safety and rehabilitation to a productive life]. [Replacement will not be more often than once in any [12][24] month period and only if prior authorization is obtained from Us or Our administrator.] [The Copayment is waived.]

Contact lenses when elective - Benefits include: (1) The cost of an annual vision examination, subject to the Copayment; and (2) the cost of contact lenses, any fitting cost and follow-up visit up to a maximum as shown in the Schedule of Benefits[, not subject to the Copayment]. This benefit is in lieu of all other benefits and not available when benefits for eyeglasses are received. Replacement will not be more often than the number of times shown in the Schedule of Benefits.

The following Limitations are added to the Section titled VISION EXCLUSIONS AND LIMITATIONS:

Limitations – In no event will coverage exceed the lesser of:

1. The actual cost of covered services or Materials;
2. The limits of the Policy, shown in the Schedule of Benefits; or
3. The maximum amount as shown in the Schedule of Benefits.

The following exclusions are added to the Section titled VISION EXCLUSIONS AND LIMITATIONS:

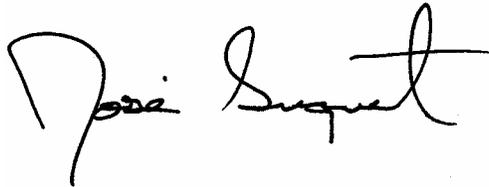
13. [Blended lenses;
14. Progressive multifocal lenses;
15. Photochromic lenses; tinted lenses, sunglasses, prescription or plano;
16. Coating of lens or lenses;
17. Laminating of lens or lenses;
18. Groove, Drill or Notch, and Roll and Polish; unless otherwise specifically listed as a covered benefit in the Schedule of Benefits;
19. Two pair of glasses, in lieu of bifocals, trifocals or progressives;

20. Medical or surgical treatment of the eyes;
21. Charges incurred after: (a) the Policy ends; or (b) the Insured's coverage under the Policy ends, except as stated in the Policy;
22. Experimental or non-conventional treatment or device;
23. Contact lenses, except as specifically covered by the Policy;
24. Hi Index, aspheric and non-aspheric styles;
25. Oversize 61 and above lens or lenses;
26. Cosmetic items, unless otherwise specifically listed as a covered benefit in the Schedule of Benefits.]

No other Policy provision or condition is changed in any way by this Rider, except as described above.

Signed for the Company at New Orleans, Louisiana.

PAN-AMERICAN LIFE INSURANCE COMPANY

A handwritten signature in black ink, appearing to read "Jose Siquet". The signature is fluid and cursive, with a large initial "J" and a long horizontal stroke at the end.

Chairman of the Board
President and Chief Executive Officer