

SERFF Tracking Number: JEPT-125627089 State: Arkansas
Filing Company: The Lincoln National Life Insurance Company State Tracking Number: 38818
Company Tracking Number:
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
Product Name: ("Exec-U-Care") Group AD&D and Supplemental Health Care Expense Reimbursement Insurance (Excess Medical Loss Insurance)
Project Name/Number: ("Exec-U-Care") Group AD&D and Supplemental Health Care Expense Reimbursement Insurance (Excess Medical Loss Insurance) Forms/GL92 04 DF HDHP REV

Filing at a Glance

Company: The Lincoln National Life Insurance Company

Product Name: ("Exec-U-Care") Group AD&D and Supplemental Health Care Expense Reimbursement Insurance (Excess Medical Loss Insurance) SERFF Tr Num: JEPT-125627089 State: ArkansasLH

TOI: H21 Health - Other

SERFF Status: Closed

State Tr Num: 38818

Sub-TOI: H21.000 Health - Other

Co Tr Num:

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Rosalind Minor

Author: Megan Brennan

Disposition Date: 05/05/2008

Date Submitted: 04/29/2008

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: ("Exec-U-Care") Group AD&D and Supplemental Health Care Expense Reimbursement Insurance (Excess Medical Loss Insurance) Forms Status of Filing in Domicile: Authorized

Project Number: GL92 04 DF HDHP REV

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: The Lincoln National Insurance Company's Medical Expense Reimbursement Insurance Trust situated in Nebraska. Nebraska approved the Exec-U-Care captioned forms on 9/7/2007. Our home state of Indiana last approved this Exec-U-Care Trust captioned forms on 1/29/2008.

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

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Overall Rate Impact:

Group Market Type: Trust

Filing Status Changed: 05/05/2008

State Status Changed: 05/05/2008

Deemer Date:

Corresponding Filing Tracking Number:

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Filing Description:

The captioned group AD&D and supplemental medical expense reimbursement insurance forms are enclosed for your review and approval. We request their approval for issuance to employer groups through The Lincoln National Insurance Company's Medical Expense Reimbursement Insurance Trust situated in Nebraska. Nebraska approved the Exec-U-Care trust product, initially on 10-20-94; and more recently on 6/20/06; and approved, in particular, the captioned forms on 9/7/2007. Our home state of Indiana last approved this Exec-U-Care Trust product on May 24, 2007 and these captioned forms, in particular, on 1/29/2008.

Licensed agents and brokers market the product under Group Policy series GL91 04 and Group Certificate series GL92 04. The submitted forms are new and will not replace any existing forms. We request their approval on a general use basis with employer groups.

It may be helpful to provide a brief summary of our approved Exec-U-Care product that is marketed to employers as a fringe benefit plan for top executives and key employees. The plan reimburses employees for most expenses recognized by the IRS as tax-deductible medical expenses, to the extent that they are not paid under the employer's underlying medical plan, such as deductibles, copayments, expenses including U&C, and services that may be limited or excluded under the underlying medical plan. Each employer is required to provide a separate underlying medical plan, before the Exec-U-Care coverage may be issued.

The Definitions forms are similar to previously approved forms. Certificate Definitions Form GL92 04 DF HDHP REV is identical to Definitions Form GL92 04 DF approved on August 29, 2006, except for the definition of Base Medical Plan that now provides a description of a High Deductible Health Plan (HDHP), rather than a major medical plan. This alternate Definitions Form will be used when the employer's underlying plan for his employees is a High Deductible Health Plan. The submitted Definitions will be used with our previously approved August 29, 2006 certificate forms.

Participation Agreement Form GL90 P.A. 07 REV is the application the employer completes to participate under the Trust so that "Exec-U-Care" coverage may be provided to eligible employees. The form includes references to the High Deductible Health Plan option and include a modified:

- Section 7, to provide the appropriate definition of Base Medical Plan depending on whether the employer's underlying medical plan is a major medical or a High Deductible Health Plan (HDHP);

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- Section 10, the Base Plan Type was updated to include an option to check if the employer's Base Medical Plan is a HDHP; and
- Section 12, contains our existing cost factors for our Base Medical Plan when it is a Major Medical Plan and the submitted cost factors when the Base Medical Plan is a HDHP consistent with the Actuarial Memorandum attached.

Company and Contact

Filing Contact Information

Megan Brennan, Compliance Analyst megan.brennan@lfg.com
 8801 INDIAN HILLS DRIVE (402) 361-2990 [Phone]
 OMAHA, NE 68114 (402) 361-2568[FAX]

Filing Company Information

The Lincoln National Life Insurance Company	CoCode: 65676	State of Domicile: Indiana
350 Church Street	Group Code: 20	Company Type: Group
Hartford, CT 06103	Group Name:	State ID Number:
(800) 423-2765 ext. [Phone]	FEIN Number: 35-0472300	

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Lincoln National Life Insurance Company	\$50.00	04/29/2008	19967072

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Correspondence Summary

Dispositions

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

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Disposition

Disposition Date: 05/05/2008

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	Cover Letter	Approved-Closed	Yes
Form	Definitions	Approved-Closed	Yes
Form	Participation Agreement	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	GL92 04 DF HDHP REV	Certificate Amendment, Insert Page, Endorsement or Rider	Definitions	Initial		46	92 04 DF HDHP REV.pdf
Approved-Closed	GL90 P.A. 07 REV	Application/ Participation Enrollment Agreement Form		Initial			90PA07 NT REV with HDHP.pdf

DEFINITIONS

BASE MEDICAL PLAN means the Participating Employer's health plan that qualifies as a High Deductible Health Plan under section 223(c)(2) of the Internal Revenue Code of 1986, as amended, and which is not a part of the plan provided by the Policy. The High Deductible Health Plan must provide:

- (1) an annual deductible not to exceed \$5,000 per person. (In no event may the annual deductible be less than the minimum required under the Internal Revenue Code for a qualified High Deductible Health Plan);
- (2) the Maximum Annual Deductible and Other Out-of-Pocket Expense limit required under the Internal Revenue Code for a qualified High Deductible Health Plan. Out-of-pocket expense includes the annual deductible, any copayments and coinsurance, including for prescription drugs. This limit does not apply to expenses for out-of-network providers if the plan uses a network of providers. Instead, only deductibles and out-of-pocket expenses for services within the network should be used to figure the limit; and
- (3) any other coverage required by federal law and by the state laws, which apply where the Participating Employer's Certificates are delivered.

For Insured Employees and Dependents who are eligible for Medicare, the Base Medical Plan may also consist of coverage under Medicare Parts A, B and D, which meets the minimum state requirements for such plans.

Unless requested otherwise on the Employer's Participation Agreement, the Base Medical Plan:

- (1) must remain in effect throughout the period the Participating Employer's Policy coverage is in effect; and
- (2) must cover each Insured Employee and Dependent throughout his or her period of Policy coverage.

If a claimant is not covered by a Base Medical Plan when Covered Medical Expenses are incurred, Policy coverage will remain in effect; but benefits will be determined as if he or she was covered for the minimum benefits shown above.

NOTE: The issuance of this Policy may violate various IRS statutes if the High Deductible Health Plan used as the Base Medical Plan incorporates a Health Savings Account (HSA). An individual covered under a High Deductible Health Plan and a Health Savings Account is ineligible for coverage under this Policy.

COMPANY means The Lincoln National Life Insurance Company, an Indiana corporation, whose Group Insurance Service Office address is 8801 Indian Hills Drive, Omaha, Nebraska 68114-4066.

COVERED HEALTH CARE EXPENSE(S). Covered Health Care Expense(s) means reasonable expenses for necessary health care, in excess of the Policy's Deductible, which are:

- (1) defined as medical care expenses under Section 213 of the U.S. Internal Revenue Code of 1986, as amended (unless specifically excluded by the Policy);
- (2) incurred for the Insured Employee's or Dependent's health care during the Plan Year.

Covered Health Care Expenses must be reported to the Company in accord with Policy provisions. Covered Health Care Expense reimbursement claims will not be approved and payable until the Supplemental Premium associated with the claim is paid.

DEDUCTIBLE means any benefits payable to or on behalf of the Insured Employee or Dependent for Covered Health Care Expenses under:

- (1) a Base Medical Plan;
- (2) any other insured or self-insured group medical, dental, vision, prescription drug or other health plan, including individual policies sponsored by an employer; or
- (3) worker's compensation, Medicare, a state risk pool or other government program.

DEFINITIONS
(continued)

DEPENDENT means a person who:

- (1) is covered as a dependent under the Base Medical Plan; unless requested otherwise on the employer's Participation Agreement and approved by the Company; and
- (2) is the Insured Employee's:
 - (a) lawful spouse; [or]
 - (b) unmarried child, who meets the definition of a dependent of the Insured Employee under the provisions of the U.S. Internal Revenue code[.] [; or]
 - [(c) domestic partner.]

As used above, the term "child" means the Insured Employee's:

- (1) natural born child;
- (2) legally adopted child; or a child the Insured Employee intends to adopt:
 - (a) from the date of placement in his or her home for an agency adoption; or
 - (b) from any later date the adoption petition is filed for a private adoption; or
- (3) step child or foster child, who resides in the Insured Employee's household and is chiefly dependent upon him or her for support.

In addition, the term "Dependent" includes any child whose medical care is the Insured Employee's responsibility, pursuant to a divorce decree or other court order.

[As used above, the term "domestic partner" means the Insured Employee's partner, of the [same or opposite] sex, who have provided satisfactory proof to the Company that they are in a committed, exclusive relationship with each other and are jointly responsible for each other's welfare and financial obligations. The Insured Employee and his or her partner:

- (1) must be age 18 or older; mentally competent; not legally married to someone else; or not related to the other by blood, to a degree that would bar legal marriage; and
- (2) have not been in another domestic partnership relationship within the prior 12 months.

The Insured Employee should seek counseling concerning the tax and legal effects of enrolling for Domestic Partner Coverage.

A domestic partnership may end due to a partner's death, change in residency or financial arrangements or for other reasons. When the domestic partnership ends for any reason, the Insured Employee:

- (1) must give the Participating Employer written notice within 30 days after the partnership ends; and
- (2) may not enroll a new domestic partner for 12 months following that notice.]

GROUP POLICYHOLDER means the person, partnership, corporation, or trust, which is shown on the Face Page of the Policy.

INSURANCE MONTH means that period of time which:

- (1) begins on the first day of the calendar month at 12:01 A.M., standard time, at the Participating Employer's main place of business; and
- (2) ends on the last day of the same month at 12:00 midnight at the same place.

INSURED EMPLOYEE means an employee of the Participating Employer:

- (1) who is regularly scheduled to work at least 25 hours per week;
- (2) who has been named by the Participating Employer as eligible for Policy coverage;
- (3) who has completed an enrollment form provided by the Company;
- (4) for whom premiums for Policy coverage have been paid; and
- (5) who is covered under a Base Medical Plan; unless requested otherwise on the employer's Participation Agreement and approved in advance by the Company.

DEFINITIONS
(continued)

If requested on the employer's Participation Agreement and approved in advance by the Company, the term "Insured Employee" may also include:

- (1) a Participating Employer's retired employee;
- (2) an Insured Employee's surviving spouse who is not remarried; or
- (3) a member of a Participating Employer's board of directors.

OCCURRENCE means expenses incurred in a calendar year, which result from:

- (1) the same or related diagnosis, condition, illness or injury. Treatment of all injuries sustained by any one Insured Employee or Dependent, as a result of the same accident, will be considered one Occurrence.
- (2) the same or related surgical procedures. Two or more surgical procedures will be considered one Occurrence if performed bilaterally, on two or more phalanges, or in the same orifice or operative field; unless the procedures are performed during separate operative sessions and are due to unrelated conditions.
- (3) the same period of confinement in a hospital, skilled nursing care facility or other health care facility. Two or more confinements will be considered parts of the same period of confinement, whether they are in the same or different health care facilities; unless they are separated by at least 30 consecutive days without confinement;
- (4) the same course of dental treatment. A course of dental treatment is a series of dental, periodontal or orthodontic services prescribed by a dentist to correct a specific dental condition. Each series of such dental, periodontal, or orthodontic services will be considered one Occurrence; regardless of the number of teeth, quadrants, procedures, prosthodontics, sessions or adjustments involved.

PARTICIPATING EMPLOYER means an employer who has been accepted and approved by the Company for participation in the plan of coverage provided by the Policy.

PLAN YEAR means:

- (1) that time remaining in the first calendar year on and following the date on which the Participating Employer's coverage first took effect; and
- (2) each subsequent calendar year.

A Plan Year will terminate on the date the Policy terminates or the date the employer is no longer a Participating Employer.

PHYSICIAN means a licensed physician, surgeon or other practitioner who:

- (1) must be recognized as a physician for insurance purposes under the state laws which apply where the Participating Employer's certificates are delivered; and
- (2) is acting within the scope of his or her license.

The term "Physician" does not include:

- (1) the Insured Employee;
- (2) the Insured Employee's spouse, parent, child or sibling; or
- (3) anyone related to the Insured Employee's spouse by the same degree.

POLICY means this Group Accident and Health Care Expense Reimbursement Insurance Policy issued by the Company to the Group Policyholder.

SUPPLEMENTAL PREMIUM means an amount equal to a percentage of the total Covered Health Care Expense as shown in the Premium Rate Schedule. Covered Health Care Expense reimbursement claims will not be approved and payable until premium, including the Supplemental Premium associated with the claim, is paid.

The Lincoln National Life Insurance Company

A Stock Company Home Office Location: Fort Wayne, Indiana
Group Insurance Service Office: 8801 Indian Hills Drive, Omaha, NE 68114-4066 (402) 361-7300

EXEC-U-CARE APPLICATION

Application is hereby made to The Lincoln National Life Insurance Company (the Company) for group accidental death and dismemberment (AD&D) and medical expense reimbursement insurance. If approved, the Employer will be issued a group insurance policy. The Employer accepts the provisions of the policy, and agrees to be bound by its terms.

1. Employer's legal name: _____
2. Type of organization: Proprietorship Partnership Corporation Other
3. Employer's Address: _____
City _____ State _____ ZIP _____
4. Type of Business: _____ EIN _____
5. Proposed Plan Entry Date (Effective Date): First Day of _____
(month) (year)
6. Associated companies to be included under this application: _____

7. Individual at Employer's firm responsible for Plan administration:
Name/Title _____ Phone (____) _____

Exec-U-Care Benefits will be administered as if each claimant is also covered by a Base Medical Plan, which provides at least the following benefits:

When the underlying Base Medical Plan is a major medical plan, it must provide at least:

- (a) a \$250,000 lifetime maximum per person; subject to:
 - (i) an annual deductible not to exceed \$1,000 per person; and
 - (ii) copayments not to exceed 20% of the first \$10,000 of covered expenses beyond deductible incurred by each person each plan year;
If a PPO (preferred provider organization) option is included, copayments may not exceed 20% of that amount for covered expenses incurred within the PPO network, or 40% of that amount for covered expenses incurred outside the PPO network;
- (b) coverage of the full cost of semi-private hospital room and board, intensive care and extended care;
- (c) coverage of the usual, customary and reasonable charges for professional services and supplies, including (but not limited to):
 - (i) physician's or surgeon's services, nursing care and physiotherapy;
 - (ii) prescription drugs and medicines; and
 - (iii) x-ray, laboratory and ambulance services; and
- (d) any other coverage required by federal law and by the state laws, which apply where the Participating Employer's Certificates are delivered.

For persons who are eligible for Medicare, the Base Medical Plan may also consist of coverage under Medicare Parts A, B and D, which meets the minimum state requirements for such plans.

When the underlying Base Medical Plan is a High Deductible Health Plan, (HDHP), it must qualify as a High Deductible Health Plan under section 223(c)(2) of the Internal Revenue Code of 1986, as amended, and must provide:

- (a) an annual deductible not to exceed \$5,000 per person. (In no event may the annual deductible be less than the minimum required under the Internal Revenue Code for a qualified High Deductible Health Plan);
- (b) the Maximum Annual Deductible and Other Out-of-Pocket Expense limit required under the Internal Revenue Code for a qualified High Deductible Health Plan. Out-of-pocket expense includes the annual deductible, any copayments and coinsurance, including for prescription drugs. This limit does not apply to expenses for out-of-network providers if the plan uses a network of providers. Instead, only deductibles and out-of-pocket expenses for services within the network should be used to figure the limit; and
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For persons who are eligible for Medicare, the Base Medical Plan may also consist of coverage under Medicare Parts A, B and D, which meets the minimum state requirements for such plans.

NOTE: The issuance of Exec-U-Care coverage may violate various IRS statutes if the High Deductible Health Plan used as the Base Medical Plan incorporates a Health Savings Account (HSA). An individual covered under a High Deductible Health Plan and a Health Savings Account is ineligible for Exec-U-Care coverage.

8. The Employer understands that all Insured Employees and Dependents must also be covered under a Base Medical Plan, during the entire period their Exec-U-Care coverage is in effect. Only these exceptions are requested, for individuals or benefits not meeting the above requirements:

9. Carrier underwriting Base Medical Plan: _____

10. Eligible classes of employees (and any outside directors, retired employees or surviving spouses) to be included:	<u>Base Medical Plan Type</u>			
	Major Medical	Medicare Supplement	HDHP	Other
1) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If a HDHP is elected as the Base Medical Plan Type, please indicate the dollar amount of the Deductible in use for the Employer's HDHP: _____

If more than one HDHP Deductible applies, please provide details on a separate page.

Please note: if the Deductible amount changes, the Employer must notify Exec-U-Care of the change within 31 days of the effective date of its change.

Individuals become eligible on the Employer's Effective Date, or on the first of the month after becoming a member of an eligible class, if later.

11. Total Number of employees (including those ineligible for coverage): _____
 Total Number of eligible employees: _____
 Total Number of eligible outside directors, if any: _____
 Total Number of eligible retired employees and surviving spouses, if any: _____
 (Individual enrollment cards must be completed and signed by all eligible persons.)

12. Plan requested: Plan A - \$100,000 Plan Plan B - \$50,000 Plan

Annual Cost: The annual cost is \$250 per Insured Person, plus 111% of the group's total eligible medical reimbursement claims. The maximum annual cost equals the applicable Cost Factor times the number of Insured Employees during the plan year (or times 3, if greater). The Cost Factor is based upon the type of underlying Base Medical Plan, group size, and deductible when the underlying Base Medical Plan is a High Deductible Health Plan.

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Supporting Document Schedules

<p>Satisfied -Name: Certification/Notice Comments: Attachments: FL042908 EUC HDHP Certificate of Compliance.pdf FL042908 EUC HDHP Readability Cert.pdf</p>	<p>Review Status: Approved-Closed 05/05/2008</p>
<p>Satisfied -Name: Application Comments: Please see submitted application under Form Schedule.</p>	<p>Review Status: Approved-Closed 05/05/2008</p>
<p>Bypassed -Name: Health - Actuarial Justification Bypass Reason: n/a Comments:</p>	<p>Review Status: Approved-Closed 05/05/2008</p>
<p>Bypassed -Name: Outline of Coverage Bypass Reason: n/a Comments:</p>	<p>Review Status: Approved-Closed 05/05/2008</p>
<p>Satisfied -Name: Cover Letter Comments: Attachment: FL042908 EUC HDHP Cover Letter.pdf</p>	<p>Review Status: Approved-Closed 05/05/2008</p>

Certificate of Compliance with Arkansas Rule and Regulation 19

Insurer: The Lincoln National Life Insurance Company

Form Number(s): GL92 04 DF HDHP REV and GL90 P.A. 07 REV

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



Signature of Company Officer

Michael R. Cochran

Name

Assistant Vice President, Compliance

Title

April 29, 2008

Date

THE LINCOLN NATIONAL LIFE INSURANCE COMPANY

READABILITY CERTIFICATION

This is to certify that the forms shown below have achieved the indicated Flesch Reading Ease Score.

FORM NO.

FLESCH SCORE

GL92 04 DF HDHP REV
GL90 P.A. 07 REV

46.3
Not applicable



(An Officer of the Company)
Michael R. Cochrane, HIA
Assistant Vice President - Compliance
Benefit Partners Division



The Lincoln National Life Insurance Company
Group Insurance Service Office
8801 Indian Hills Drive
OMAHA, NE 68114

April 29, 2008

ARKANSAS INSURANCE DEPARTMENT
1200 W. THIRD STREET
LITTLE ROCK, AR 72201-1904

NAIC No.: 0107-65676
FEIN No.: 35-0472300

Re: ("Exec-U-Care") Group AD&D and Supplemental Health Care Expense
Reimbursement Insurance (Excess Medical Loss Insurance)
Definitions (Certificate) Form: Certificate Form GL92 04 DF HDHP REV
Participation Agreement: GL90 P.A. 07 REV

The captioned group AD&D and supplemental medical expense reimbursement insurance forms are enclosed for your review and approval. We request their approval for issuance to employer groups through The Lincoln National Insurance Company's Medical Expense Reimbursement Insurance Trust situated in Nebraska. Nebraska approved the Exec-U-Care trust product, initially on October 20, 1994; and more recently on June 20, 2006; and approved, in particular, the captioned forms on September 7, 2007. Our home state of Indiana last approved this Exec-U-Care Trust product on May 24, 2007 and these captioned forms, in particular, on January 29, 2008.

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- Section 7, to provide the appropriate definition of Base Medical Plan depending on whether the employer's underlying medical plan is a major medical or a High Deductible Health Plan (HDHP);
- Section 10, the Base Plan Type was updated to include an option to check if the employer's Base Medical Plan is a HDHP; and
- Section 12, contains our existing cost factors for our Base Medical Plan when it is a Major Medical Plan and the submitted cost factors when the Base Medical Plan is a HDHP consistent with the Actuarial Memorandum attached.

We request bracketed and underlined material to be filed as variable.

Definitions. Form GL92 04 DF HDHP REV

Certificate insert page GL92 04 DF HDHP REV includes more precise definitions of key terms used throughout the contract. We request the bracketed definitions to be filed as variable.

In the **Base Medical Plan**, the underlined dollar amount of \$5000 is variable so that if the federal minimums for HDHP deductibles are increased for HDHPs, we may adjust the maximum annual deductible amount as needed.

In the **Company** definition, the underlined address is variable to accommodate any future address changes.

Dependent definition is variable to omit references to a domestic partner if a group does not wish to provide such coverage. The 12 months, which must elapse before a new domestic partnership may be entered is variable to range from 30 days to 36 months at the request of the group. The 30 days for written notice is variable to range from 30 days to 90 days.

Insured Employee definition is variable, so that case-specific information can be substituted. The underlined minimum hours may range from 15 to 40 hours.

Group Participation Agreement (Employer's Application to Participate under the Trust Policy).
Form GL90 P.A. 07 REV

The underlined Group Insurance Service Office address shown in the heading of the form and the address to which payments are to be submitted at the end of the form are variable to accommodate any future address changes.

Section 7:

In the definition of a Base Medical Plan (when it is a major medical plan) the underlined dollar amounts and percentages are variable to range as follows:

- Lifetime Maximum: \$250,000 - \$1,000,000
- Annual Deductible: \$1,000 - \$10,0000
- Copayment Limits (non-PPO): 5% - 30% of the first \$5,000 - \$20,000 of covered expenses; 20% of the first \$10,000 of covered expenses is our standard.
- Copayment Limits (PPO): 5% - 30% within the PPO network; and 10% - 60% outside the PPO network.

In the definition of a Base Medical plan (when it is a High Deductible Health Plan) the underlined dollar amount of \$5000 is variable so that if the federal minimums for HDHP deductibles are increased for HDHPs, we may adjust the maximum annual deductible amount as needed.

Section 10: The 31 days is variable to extend from 31 days to 90 days so that we may give a longer period to the group to notify us of a change in the deductible used in the underlying plan's High Deductible Health Plan.

Section 12: The underlined premium rates are filed as variable with the assurance that the rates contained within the application form will only be modified to reflect any state approved rate changes for our annual, quarterly, supplemental and maximum premium (cost) factors.

The underlined 31-day grace period is variable with the assurance that it may be lengthened to up to 90 days upon group request.

Following the signature block:

- the Exec-U-Care address is variable to accommodate any future changes; and
- the states where the product is not available are filed as variable to accommodate any future changes; such as to remove a state should we secure approval in the state for the product, or to add a state should a change in law result in our no longer marketing the product in a state, or so that we may remove the statement entirely.

The Certificate of Compliance and our Readability certification are attached. Your review and notice of approval will be greatly appreciated.

Sincerely,



Megan Brennan

Compliance Specialist

The Lincoln National Life Insurance Company

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E-Mail: megan.brennan@lfg.com

Enclosures