

SERFF Tracking Number: SYMT-125708960 State: Arkansas
Filing Company: Symetra Life Insurance Company State Tracking Number: 39398
Company Tracking Number:
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
Product Name: Select Benefits
Project Name/Number: Hospital Inpatient Admission Benefit/

Filing at a Glance

Company: Symetra Life Insurance Company

Product Name: Select Benefits

TOI: H21 Health - Other

Sub-TOI: H21.000 Health - Other

Filing Type: Form

SERFF Tr Num: SYMT-125708960 State: ArkansasLH

SERFF Status: Closed

State Tr Num: 39398

Co Tr Num:

State Status: Approved-Closed

Co Status:

Reviewer(s): Rosalind Minor

Author: Mary Ellen Mckendry

Disposition Date: 06/30/2008

Date Submitted: 06/24/2008

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Hospital Inpatient Admission Benefit

Project Number:

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Large

Group Market Type: Employer, Association, Trust

Filing Status Changed: 06/30/2008

State Status Changed: 06/30/2008

Corresponding Filing Tracking Number:

Filing Description:

Deemer Date:

Enclosed please find a copy of the above referenced form hereby submitted for approval and filing. The above referenced endorsement will be used in conjunction with the Select Benefits Indemnity Policy LGC-8786AR 2/03, which was approved by your department September 15, 2003. Variable information is indicated by brackets []. This is a new form and has not been filed before in Arkansas. The endorsement is submitted in final printed form.

The Select Benefits Indemnity Policy Endorsement LGC-10000 is adding a Hospital Inpatient Admission Benefit to the

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policy. This endorsement is offered to the policyholder as an optional benefit.

Company and Contact

Filing Contact Information

Mary Ellen McKendry, Contract Analyst maryellen.mckendry@symetra.com
 777 108th Avenue N.E., Suite 1200 (425) 256-8835 [Phone]
 Bellevue, WA 98004

Filing Company Information

Symetra Life Insurance Company
 777 108th Ave NE, Suite 1200
 Bellevue, WA 98004-5135
 (800) 796-3872 ext. [Phone]

CoCode: 68608
 Group Code: 1129
 Group Name:
 FEIN Number: 91-0742147

State of Domicile: Washington
 Company Type: Insurance
 State ID Number:

Filing Fees

Fee Required? Yes
 Fee Amount: \$20.00
 Retaliatory? No
 Fee Explanation: 1 endorsement x \$20.00 = \$20.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Symetra Life Insurance Company	\$20.00	06/24/2008	21069693

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	06/30/2008	06/30/2008

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Disposition

Disposition Date: 06/30/2008

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	No
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	cover letter	Approved-Closed	Yes
Form	Hospital Inpatient Admission Benefit Endorsement	Approved-Closed	Yes

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Form Schedule

Lead Form Number: LGC-10000 6/08

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	LGC-10000 6/08	Policy/Contract	Hospital Inpatient Admission Benefit Endorsement Certificate: Amendment, Insert Page, Endorsement or Rider	Initial			Hospital Inpatient Admission rider.pdf

SELECT BENEFITS INDEMNITY POLICY ENDORSEMENT

HOSPITAL INPATIENT ADMISSION BENEFIT

This endorsement forms a part of the Select Benefits Indemnity Policy to which it is attached. In the case of a conflict with any provision in the Policy, the terms of this endorsement will control. This endorsement is effective upon issuance.

1. *The Policy, [Employee] Section, Summary of Benefits, is hereby amended to add the following:*

<u>Benefit</u>	<u>Amount</u>
Hospital Inpatient Admission Benefit	[\$500, \$750, \$1,000, \$1,500, \$2,000] per Confinement per person up to a maximum of [1, 2, 3] admittances per Calendar Year to a Healthcare Facility

Healthcare Facility means a **Hospital**, Intensive Care Unit, Substance Abuse Facility, Mental Health Facility, or **Nursing Facility**."

2. *The Policy, [Employee] Section, is hereby amended to add the following:*

"Hospital Inpatient Admission Benefit

The **Hospital Inpatient Admission Benefit** will be paid as shown in the **Summary of Benefits**, for admission to a **Healthcare Facility**, for a minimum of 24 hours, when **Confinement** is **Medically Necessary** and is the result of a non-occupational **Injury** or **Illness**. The **Hospital Inpatient Admission Benefit** is a separate **Benefit** and will be paid regardless of any other **Inpatient Hospital Benefits** available.

No **Benefit** will be paid for admission to:

- An Emergency Room; or
- An **Outpatient Hospital** department or clinic or **Urgent Care** facility."

All other terms and conditions of the **Policy** remain unchanged.

Symetra Life Insurance Company



George Pagos,
Secretary

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Rate Information

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Supporting Document Schedules

Satisfied -Name: Certification/Notice **Review Status:** Approved-Closed 06/30/2008
Comments:
Attachment:
 Readability Certification.pdf

Bypassed -Name: Application **Review Status:** Approved-Closed 06/30/2008
Bypass Reason: This not a policy but an endorsement Will use application LGC-9096AR filed and approved 12/11/2007
Comments:

Bypassed -Name: Outline of Coverage **Review Status:** Approved-Closed 06/30/2008
Bypass Reason: NA group limited health insurance
Comments:

Satisfied -Name: cover letter **Review Status:** Approved-Closed 06/30/2008
Comments:
Attachment:
 InpAdmrider oic.pdf

READABILITY CERTIFICATION

I hereby certify on behalf of Symetra Life Insurance Company that the attached form meets the reading ease score established in the Arkansas Policy Language Simplification Act 23-86-203. The Flesh score is 48.5.



Michael Fry
Vice President
Symetra Life Insurance Company



June 24, 2008

The State of Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201

Symetra Life Insurance Company NAIC # 1129-68608

RE: Select Benefits Indemnity Policy Endorsement

Hospital Inpatient Admission Benefit Endorsement LGC-10000 6/08

Enclosed please find a copy of the above referenced form hereby submitted for approval and filing. The above referenced endorsement will be used in conjunction with the Select Benefits Indemnity Policy LGC-8786AR 2/03, which was approved by your department September 15, 2003. Variable information is indicated by brackets []. This is a new form and has not been filed before in Arkansas. The endorsement is submitted in final printed form.

The Select Benefits Indemnity Policy Endorsement LGC-10000 is adding a Hospital Inpatient Admission Benefit to the policy. This endorsement is offered to the policyholder as an optional benefit.

We trust that with all this information you will be able to approve this filing. We hope to make these forms effective upon your approval. Should you have any questions please contact me at 1-800-426-7784 X68835, or my direct line at 425-256-8835. My email address is maryellen.mckendry@symetra.com.

Sincerely,

A handwritten signature in cursive script that reads "Mary E. McKendry".

Mary Ellen McKendry
Senior Contract Analyst