

SERFF Tracking Number: ALST-125722222 State: Arkansas
Filing Company: American Heritage Life Insurance Company State Tracking Number: 39752
Company Tracking Number: VARIABLES
TOI: H15G Group Health - Hospital/Surgical/Medical Sub-TOI: H15G.002 Large Group Only
Expense
Product Name: Limited Benefit Medical Expense Insurance
Project Name/Number: Variables/

Filing at a Glance

Company: American Heritage Life Insurance Company

Product Name: Limited Benefit Medical Expense Insurance SERFF Tr Num: ALST-125722222 State: ArkansasLH

TOI: H15G Group Health - Hospital/Surgical/Medical Expense SERFF Status: Closed State Tr Num: 39752

Sub-TOI: H15G.002 Large Group Only

Co Tr Num: VARIABLES

State Status: Filed-Closed

Filing Type: Form

Co Status:

Reviewer(s): Rosalind Minor

Authors: Angie Redden, Lynn

Disposition Date: 08/11/2008

Bautista, Patti Hicks

Date Submitted: 07/28/2008

Disposition Status: Filed-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Variables

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Informational

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Large

Overall Rate Impact:

Group Market Type: Employer

Filing Status Changed: 08/11/2008

State Status Changed: 08/11/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Regarding Statement of Variability for Form Number: G-3000-P, et al / Approved on 4/27/05

We submit for informational purposes only, the enclosed list of Variables that are being used in the above referenced forms. This product has been previously filed as a limited benefit plan. We have revised the Variables to broaden the

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current parameters in the Medical Expense Insurance and Supplemental Medical Expense Insurance sections. There have been no other changes to these Variables and no changes to the previously approved policy forms.

If you have any questions regarding this filing, please contact me at patti.hicks@allstate.com, or (904) 992-3424.

Company and Contact

Filing Contact Information

Patti Hicks, Senior Filing Analyst patti.hicks@allstate.com
 1776 American Heritage Life Drive (904) 992-3424 [Phone]
 Jacksonville, FL 32224-6687 (904) 992-2975[FAX]

Filing Company Information

American Heritage Life Insurance Company CoCode: 60534 State of Domicile: Florida
 ATTN: Legal/Compliance Group Code: 8 Company Type: Life and Health
 1776 American Heritage Life Drive
 Jacksonville, FL 32224-9983 Group Name: Allstate State ID Number:
 (904) 992-1776 ext. [Phone] FEIN Number: 59-0781901

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Heritage Life Insurance Company	\$50.00	07/28/2008	21621229

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Rosalind Minor	08/11/2008	08/11/2008

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Disposition

Disposition Date: 08/11/2008

Implementation Date:

Status: Filed-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	Filed-Closed	Yes
Supporting Document	Application	Filed-Closed	Yes
Supporting Document	Variables	Filed-Closed	Yes

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Rate Information

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Supporting Document Schedules

Review Status:
Bypassed -Name: Certification/Notice Filed-Closed 08/11/2008
Bypass Reason: N/A - Policy previously filed and approved, no form changes, only submitting revised statement of variability.
Comments:

Review Status:
Bypassed -Name: Application Filed-Closed 08/11/2008
Bypass Reason: N/A - Policy previously filed and approved, no form changes, only submitting revised statement of variability.
Comments:

Review Status:
Satisfied -Name: Variables Filed-Closed 08/11/2008
Comments:
Attachment:
PPO Variables _2008_ _AR_.pdf

AMERICAN HERITAGE LIFE INSURANCE COMPANY
Arkansas Scope of Benefits (2008)
Illustrated in the Schedule of Insurance

Accidental Death and Dismemberment Insurance

The Full Amount of Insurance for an Employee may vary from \$10,000 to \$200,000.

The Full Amount of Insurance for a Spouse may vary from \$5,000 to \$100,000, but will not exceed 50% of the Employee Amount.

The Full Amount of Insurance for a Child may vary from \$5,000 to \$100,000, but will not exceed the Spouse Amount. Children under 14 days old have no coverage.

Hospital Indemnity

Benefits will be offered in increments of \$10 with a minimum of \$100 and a maximum of \$500 per day.

The Maximum Benefit period may be any number of days between 15 and 365.

The Daily Benefit in the Schedule may be expanded to show an increased amount for intensive care.

Medical Expense Insurance

Benefits may be provided on a Coverage Year basis or on a Calendar Year Basis. The term used will be defined along with the other definitions at the back of the Group Policy and the Certificate.

Medical Expense Insurance may include Preferred Provider incentives where a network is available, or be issued without this provision.

If the PPO incentive is provided, the insured percents could range from 80%/60% to 85%/65% to 90%/70% and may go as high as 100%/80%. The difference between PPO and Non-PPO will never be more than 25 percentage points but may be as low as 10 percentage points. The benefit percent for Emergency Care will always be the PPO rate. For services not available from a PPO Provider, charges may be paid as if it was a PPO Provider.

If a policy is issued without any Preferred Provider provisions, the insured percents could range from 70% to 100%. When a Copayment applies to office visits, reimbursement will be 50% to 100%.

The Maximum Coverage (Calendar) Year benefit can range from \$1,000 to \$50,000, with a further internal limitation of \$500 to \$25,000 for Hospital Inpatient Services and \$500 to \$25,000 for all Outpatient Services. A Prescription Drug benefit may either accumulate towards the Maximum (Coverage) (Calendar) Year benefit or the Outpatient Services benefit. Prescription Drug benefits can range from \$100 to \$5,000.

There will be no out of pocket limit.

The Room & Board dollar limitation will apply to both PPO and Non-PPO hospitals. It can range from \$100 to \$1,000. The Intensive Care limit will be double the Room & Board limit (\$200 to \$2,000).

Coverage (Calendar) Year Deductibles can range from \$0 to \$1,000. The family limit will generally be 3 per family, but can be a multiple of 2 or 4, or dollar amounts ranging from \$0 to \$1,000. A separate deductible may be applied to Inpatient charges at a hospital.

A policy may be issued with or without Copayments for Physician's Office Visits. If included, the amount may vary from \$5 to \$40. If issued without, the term will be omitted each place it appears in the description of benefits.

Supplemental Medical Expense Insurance

This Section will be included in a Group Policy ONLY in conjunction with the Medical Expense Insurance, as it begins paying benefits only when benefits payable under the Medical Expense Insurance are exhausted. The Lifetime Maximum may vary from \$25,000 to \$50,000 with an internal Coverage (Calendar) Year maximum of \$5,000 to \$50,000. It will have the same room & board limits, insured percentages and preexisting conditions limitation as the underlying Medical Expense Insurance.