

SERFF Tracking Number: MGCC-125789524 State: Arkansas
Filing Company: The Mega Life and Health Insurance Company State Tracking Number: 40062
Company Tracking Number:
TOI: H15G Group Health - Hospital/Surgical/Medical Sub-TOI: H15G.001 Any Size Group
Expense
Product Name: AE BMP HSA SSMB (11/07)
Project Name/Number: AE/

Filing at a Glance

Company: The Mega Life and Health Insurance Company

Product Name: AE BMP HSA SSMB (11/07) SERFF Tr Num: MGCC-125789524 State: ArkansasLH

TOI: H15G Group Health - SERFF Status: Closed State Tr Num: 40062

Hospital/Surgical/Medical Expense

Sub-TOI: H15G.001 Any Size Group

Filing Type: Form

Co Tr Num:

State Status: Approved-Closed

Co Status:

Reviewer(s): Rosalind Minor

Authors: Courtney Sharp, Jaime
Butler, Crystal Nunnally

Disposition Date: 08/28/2008

Date Submitted: 08/26/2008

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: AE

Status of Filing in Domicile: Pending

Project Number:

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 and Large

Overall Rate Impact:

Group Market Type: Association

Filing Status Changed: 08/28/2008

State Status Changed: 08/28/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

AMENDATORY ENDORSEMENT - ADDS AUSTISM BENEFIT REVISED SMI AND CLARIFIES BRAIN INURY
BENEFIT AS REQUIRED BY SITUS STATE STATUTE

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Company and Contact

Filing Contact Information

Crystal Nunnally, Senior Compliance Analyst Crystal.Nunnally@healthmarkets.com
 9151 Boulevard 26 (817) 255-3735 [Phone]
 North Richland Hills, TX 76182 (817) 255-8153[FAX]

Filing Company Information

The Mega Life and Health Insurance Company CoCode: 97055 State of Domicile: Oklahoma
 9151 Boulevard 26 Group Code: 264 Company Type: Health
 North Richland Hills, TX 76180 Group Name: State ID Number:
 (817) 255-3100 ext. [Phone] FEIN Number: 59-2213662

Filing Fees

Fee Required? Yes
 Fee Amount: \$20.00
 Retaliatory? No
 Fee Explanation: ENDORSEMENT FILED SEPARATE FROM CERTIFICATE
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Mega Life and Health Insurance Company	\$20.00	08/26/2008	22135780

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
	\$0.00	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	08/28/2008	08/28/2008

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Disposition

Disposition Date: 08/28/2008

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	filing letter	Approved-Closed	Yes
Form	AMENDATORY END	Approved-Closed	Yes

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Form Schedule

Lead Form Number: AE BMP/HSA SSMB (11/07)

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	AE BMP/HSA SSMB (11/07)	Certificate Amendmen t, Insert	AMENDATORY END	Initial		60	AE BMP - HSA SSMB _1107_.pdf

THE MEGA LIFE AND HEALTH INSURANCE COMPANY

A Stock Company

(Hereinafter called: the Company, We, Our or Us)

Home Office: Oklahoma City, Oklahoma

Administrative Office: P.O. Box 982010

North Richland Hills, Texas 76182-8010

Telephone: 1-800-527-5504

AMENDATORY ENDORSEMENT

This Amendatory Endorsement is made a part of the Group Policy and Certificate to which it is attached. It is subject to all the provisions of the Group Policy which are not inconsistent with this endorsement.

1. Effective as of January 1, 2008 or the Insured Person's Effective Date of Coverage, whichever is later, the following definitions are hereby added:

Autism Spectrum Disorder means a Neurobiological Disorder that includes Autism, Aspergers Syndrome, or Pervasive Developmental Disorder.

Neurobiological Disorder means an illness of the nervous system caused by genetic, metabolic, or other biological factors.

2. Effective as of January 1, 2008 or the Insured Person's Effective Date of Coverage, whichever is later, the following definition is hereby revised as follows:

Serious Mental Illness means the following psychiatric illnesses as defined by the American Psychiatric Association in the Diagnostic and Statistical Manual (DSM):

1. schizophrenia;
2. paranoid and other psychotic disorders;
3. bipolar disorders (hypomanic, manic, depressive, and mixed);
4. major depressive disorders (single episode or recurrent);
5. schizo-affective disorders (bipolar or depressive);
6. obsessive-compulsive disorders; and
7. depression in children and adolescents.

3. The following Brain Injury benefit under the **BENEFITS** section is hereby revised as follows. Unless otherwise stated, all Covered Expenses are subject to the Deductible, Coinsurance and Lifetime Maximum Amount shown in the CERTIFICATE SCHEDULE; the Maximum Benefit, benefit and/or Aggregate Maximum Amounts, if any, shown in the CERTIFICATE SCHEDULE; and the Coinsurance Maximum and Copayments, if any, shown in the CERTIFICATE SCHEDULE. Unless otherwise stated, these Covered Expenses are also subject to the **EXCLUSIONS AND LIMITATIONS** and all other provisions of the Group Policy.

*The following benefit is effective as of the Insured Person's Effective Date of Coverage **until January 1, 2008**:*

Brain Injury

Covered Expenses include coverage for services for Cognitive Rehabilitation Therapy, Cognitive Communication Therapy, Neurocognitive Therapy and Rehabilitation, Neurobehavioral, Neurophysiological, Neuropsychological, and Psychophysiological Testing or Treatment, Neurofeedback Therapy, remediation, Post-Acute Transition Services or Community Reintegration Services, if such services are Medically Necessary as a result of and related to an Acquired Brain Injury.

The following benefit is effective as of January 1, 2008 or the Insured Person's Effective Date of Coverage, whichever is later.

Brain Injury

Covered Expenses include coverage for services for Cognitive Rehabilitation Therapy, Cognitive Communication Therapy, Neurocognitive Therapy and Rehabilitation, Neurobehavioral, Neurophysiological, Neuropsychological, and Psychophysiological Testing or Treatment, Neurofeedback Therapy, remediation, Post-Acute Transition Services or Community Reintegration Services, including outpatient day treatment services or other post-acute care treatment service, in accordance with a Treatment Plan if such services are Medically Necessary as a result of and related to an Acquired Brain Injury.

- 4. The following **Autism Spectrum Disorder** benefit is added to the **BENEFITS** section of the Certificate. Unless otherwise stated, all Covered Expenses are subject to the Deductible, Coinsurance and Lifetime Maximum Amount shown in the CERTIFICATE SCHEDULE; the Maximum Benefit, benefit and/or Aggregate Maximum Amounts, if any, shown in the CERTIFICATE SCHEDULE; and the Coinsurance Maximum and Copayments, if any, shown in the CERTIFICATE SCHEDULE. Unless otherwise stated, these Covered Expenses are also subject to the **EXCLUSIONS AND LIMITATIONS** and all other provisions of the Group Policy.

The following benefit is effective as of January 1, 2008 or the Insured Person's Effective Date of Coverage, whichever is later:

Autism Spectrum Disorder

Covered Expenses incurred for all generally recognized services prescribed for a child older than two years of age and younger than six years of age who is diagnosed with Autism Spectrum Disorder.

Generally recognized services may include, but are not limited to:

- 1. evaluation and assessment services;
- 2. applied behavior analysis;
- 3. behavior training and behavior management;
- 4. speech therapy;
- 5. occupational therapy;
- 6. physical therapy; or
- 7. medications or nutritional supplements used to address symptoms of Autism Spectrum Disorder.

Any benefits payable pursuant to this Amendatory Endorsement will not be duplicated under any optional benefit rider that may be attached to the Insured Person's Certificate.

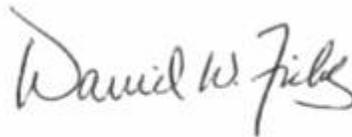
The provisions of this Amendatory Endorsement are effective on the Certificate Date, the Insured Person's Effective Date of Coverage, or the date stated herein, whichever is later.

In Witness whereof, the Insurance Company has caused this Amendatory Endorsement to be signed by its President and Secretary.

Signed for The MEGA Life and Health Insurance Company at North Richland Hills, Texas.



SECRETARY



PRESIDENT

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Rate Information

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Product Name: AE BMP HSA SSMB (11/07)
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Supporting Document Schedules

Satisfied -Name: Certification/Notice **Review Status:** Approved-Closed 08/28/2008
Comments:
Attachments:
Cert Compliance AR-Readability.pdf
AR Cert of Compliance Rule-Reg19 -AR.pdf

Bypassed -Name: Application **Review Status:** Approved-Closed 08/28/2008
Bypass Reason: N/A - Endorsement for existing certificate only
Comments:

Satisfied -Name: filing letter **Review Status:** Approved-Closed 08/28/2008
Comments:
Attachment:
AR AE BMP HSA SSMB _1107_ filing ltr.pdf

THE MEGA LIFE AND HEALTH INSURANCE COMPANY

Certificate of Compliance for Arkansas

This is to certify the attached form has achieved the Flesch Reading Ease Score given below and complies with the requirements of Arkansas Stat. Ann, 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language simplification Act.

Form Numbers and Form Names:

AE BMP/HSA SSMB (11/07)

Flesch Reading Ease Score: 59.7



Susan Dew, Vice President and Chief Compliance Officer

8/25/2008
Date

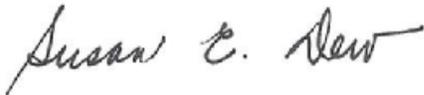
**Certificate of Compliance with
Arkansas Rule and Regulation 19**

Insurer: MEGA LIFE AND HEALTH INSURANCE COMPANY

Form Number(s):

AE BMP/HSA SSMB(11/07)

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



Signature of Company Officer

Susan E. Dew

Name

Vice President and Chief Compliance Officer
Title

August 25, 2008

Date

