

SERFF Tracking Number: SYMT-125769419 State: Arkansas
Filing Company: Symetra Life Insurance Company State Tracking Number: 39900
Company Tracking Number: LGC-10002
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
Product Name: Select Benefits
Project Name/Number: Surgical Schedules D, E, F, G/LGC-10002

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-125769419 State: ArkansasLH

SERFF Status: Closed

State Tr Num: 39900

Co Tr Num: LGC-10002

State Status: Approved-Closed

Co Status:

Reviewer(s): Rosalind Minor

Author: Mary Ellen Mckendry

Disposition Date: 08/16/2008

Date Submitted: 08/11/2008

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Surgical Schedules D, E, F, G

Project Number: LGC-10002

Requested Filing Mode: Review & Approval

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: 08/16/2008

State Status Changed: 08/16/2008

Corresponding Filing Tracking Number:

Filing Description:

Deemer Date:

Enclosed please find a copy of the above referenced Surgical Schedules hereby submitted for approval and filing. The above referenced Schedules will be used in conjunction with the Select Benefits Indemnity Policy LGC-8786AR 2/03, which was approved by your department September 15, 2003. These are new Surgical Schedules and have not been filed before in Arkansas. The Surgical Schedules are submitted in final printed form.

These new Surgical Schedules are offered to the policyholder on an optional basis.

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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 CoCode: 68608 State of Domicile: Washington
 777 108th Ave NE, Suite 1200 Group Code: 1129 Company Type: Insurance
 Bellevue, WA 98004-5135 Group Name: State ID Number:
 (800) 796-3872 ext. [Phone] FEIN Number: 91-0742147

Filing Fees

Fee Required? Yes
 Fee Amount: \$80.00
 Retaliatory? No
 Fee Explanation: 4 schedule pages x \$20.00 = \$80.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Symetra Life Insurance Company	\$80.00	08/11/2008	21878189

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	08/16/2008	08/16/2008

SERFF Tracking Number: SYMT-125769419 *State:* Arkansas
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Disposition

Disposition Date: 08/16/2008

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	Surgical Schedule D	Approved-Closed	Yes
Form	Surgical Schedule E	Approved-Closed	Yes
Form	Surgical Schedule F	Approved-Closed	Yes
Form	Surgical Schedule G	Approved-Closed	Yes

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Form Schedule

Lead Form Number: LGC-10002 8/08

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	LGC-10002	Schedule	Surgical Schedule D	Initial			Schedule (D.pdf)
Approved-Closed	LGC-10003	Schedule	Surgical Schedule E	Initial			Schedule E.pdf
Approved-Closed	LGC-10004	Schedule	Surgical Schedule F	Initial			Schedule F.pdf
Approved-Closed	LGC-10005	Schedule	Surgical Schedule G	Initial			Schedule G.pdf

Schedule Of Surgical Procedures

Schedule D

This benefit applies only if it is shown in the Summary of Benefits. The following Surgical procedures are paid according to amounts listed, up to the Calendar Year maximum as listed in the Summary of Benefits. If the Calendar Year maximum amount is less than the amount listed on the Surgical Schedule, we will pay the amount of the Calendar Year maximum.

For Surgical procedures not listed, the benefit amount will be determined based on a percentage of a fixed relative value scale. The percentage used will be the same percentage as used in determining the benefit amount for the listed procedures.

Auditory System

Remove impacted ear wax	\$ 100.00
Create eardrum opening	\$ 200.00
Repair eardrum structures	\$ 2,200.00

Digestive Systems

Diagnostic anoscopy	\$ 60.00
Sigmoidoscopy, diagnostic	\$ 160.00
Diagnostic colonoscopy	\$ 200.00
Upper gi endoscopy,diagnosis	\$ 600.00
Colonoscopy and biopsy	\$ 800.00

Cardiovascular Systems

Insertion of heart pacemaker	\$ 1,600.00
Coronary artery graft	\$ 5,000.00
Repair of aortic valve	\$ 5,400.00

Endocrine System

Biopsy of thyroid	\$ 160.00
Drain thyroid/tongue cyst	\$ 200.00
Remove thyroid lesion	\$ 1,800.00
Removal of thyroid	\$ 2,800.00

Eye & Ocular Adnexa

Remove foreign body from eye	\$ 100.00
Repair of eye wound	\$ 400.00
Remove cataract, insert lens	\$ 2,000.00
Corneal transplant	\$ 2,800.00

Female Genital System

Biopsy of uterus lining	\$ 100.00
Biopsy of cervix	\$ 160.00
Dilation and curettage (D&C)	\$ 600.00
Total hysterectomy	\$ 2,600.00

Hemic and Lymphatic Systems

Needle biopsy, lymph node(s)	\$ 200.00
Biopsy/removal,lymph node(s)	\$ 600.00
Repair of ruptured spleen	\$ 2,400.00

Integumentary System

Biopsy of skin lesion	\$ 100.00
Debride infected skin	\$ 100.00
Drainage of skin abscess	\$ 160.00
Removal of nail plate	\$ 160.00
Repair superficial wound(s)	\$ 200.00

Male Genital System

Circumcision	\$ 200.00
Biopsy of prostate	\$ 200.00
Removal of hydrocele	\$ 1,000.00
Removal of prostate	\$ 2,800.00

Maternity & Delivery

Fetal non-stress test	\$ 40.00
Antepartum care only	\$ 400.00
Obstetrical care	\$ 1,400.00
Cesarean delivery	\$ 1,800.00
	\$ -

Musculoskeletal System

Strapping of ankle	\$ 60.00
Inj tendon/ligament/cyst	\$ 100.00
Drain/inject joint/bursa	\$ 100.00
Treat fracture radius/ulna	\$ 400.00
Knee arthroscopy/surgery	\$ 1,600.00

Respiratory System

Diagnostic laryngoscopy	\$ 100.00
Insert emergency airway	\$ 400.00

Nervous Systems

Spinal fluid tap, diagnostic	\$ 200.00
Repair of spinal herniation	\$ 3,000.00
Biopsy/excise spinal tumor	\$ 4,600.00

Urinary System

Treatment of bladder lesion	\$ 200.00
Cystoscopy	\$ 400.00
Removal of kidney stone	\$ 2,800.00

Schedule Of Surgical Procedures
Schedule E

This benefit applies only if it is shown in the Summary of Benefits. The following Surgical procedures are paid according to amounts listed, up to the Calendar Year maximum as listed in the Summary of Benefits. If the Calendar Year maximum amount is less than the amount listed on the Surgical Schedule, we will pay the amount of the Calendar Year maximum.

For Surgical procedures not listed, the benefit amount will be determined based on a percentage of a fixed relative value scale. The percentage used will be the same percentage as used in determining the benefit amount for the listed procedures.

Auditory System

Remove impacted ear wax	\$ 123.00
Create eardrum opening	\$ 245.00
Repair eardrum structures	\$ 2,695.00

Digestive Systems

Diagnostic anoscopy	\$ 74.00
Sigmoidoscopy, diagnostic	\$ 196.00
Diagnostic colonoscopy	\$ 245.00
Upper gi endoscopy,diagnosis	\$ 735.00
Colonoscopy and biopsy	\$ 980.00

Cardiovascular Systems

Insertion of heart pacemaker	\$ 1,960.00
Coronary artery graft	\$ 6,125.00
Repair of aortic valve	\$ 6,615.00

Endocrine System

Biopsy of thyroid	\$ 196.00
Drain thyroid/tongue cyst	\$ 245.00
Remove thyroid lesion	\$ 2,205.00
Removal of thyroid	\$ 3,430.00

Eye & Ocular Adnexa

Remove foreign body from eye	\$ 123.00
Repair of eye wound	\$ 490.00
Remove cataract, insert lens	\$ 2,450.00
Corneal transplant	\$ 3,430.00

Female Genital System

Biopsy of uterus lining	\$ 123.00
Biopsy of cervix	\$ 196.00
Dilation and curettage (D&C)	\$ 735.00
Total hysterectomy	\$ 3,185.00

Hemic and Lymphatic Systems

Needle biopsy, lymph node(s)	\$ 245.00
Biopsy/removal,lymph node(s)	\$ 735.00
Repair of ruptured spleen	\$ 2,940.00

Integumentary System

Biopsy of skin lesion	\$ 123.00
Debride infected skin	\$ 123.00
Drainage of skin abscess	\$ 196.00
Removal of nail plate	\$ 196.00
Repair superficial wound(s)	\$ 245.00

Male Genital System

Circumcision	\$ 245.00
Biopsy of prostate	\$ 245.00
Removal of hydrocele	\$ 1,225.00
Removal of prostate	\$ 3,430.00

Maternity & Delivery

Fetal non-stress test	\$ 49.00
Antepartum care only	\$ 490.00
Obstetrical care	\$ 1,715.00
Cesarean delivery	\$ 2,205.00
	\$ -

Musculoskeletal System

Strapping of ankle	\$ 74.00
Inj tendon/ligament/cyst	\$ 123.00
Drain/inject joint/bursa	\$ 123.00
Treat fracture radius/ulna	\$ 490.00
Knee arthroscopy/surgery	\$ 1,960.00

Respiratory System

Diagnostic laryngoscopy	\$ 123.00
Insert emergency airway	\$ 490.00

Nervous Systems

Spinal fluid tap, diagnostic	\$ 245.00
Repair of spinal herniation	\$ 3,675.00
Biopsy/excise spinal tumor	\$ 5,635.00

Urinary System

Treatment of bladder lesion	\$ 245.00
Cystoscopy	\$ 490.00
Removal of kidney stone	\$ 3,430.00

Schedule Of Surgical Procedures

Schedule F

This benefit applies only if it is shown in the Summary of Benefits. The following Surgical procedures are paid according to amounts listed, up to the Calendar Year maximum as listed in the Summary of Benefits. If the Calendar Year maximum amount is less than the amount listed on the Surgical Schedule, we will pay the amount of the Calendar Year maximum.

For Surgical procedures not listed, the benefit amount will be determined based on a percentage of a fixed relative value scale. The percentage used will be the same percentage as used in determining the benefit amount for the listed procedures.

Auditory System

Remove impacted ear wax	\$ 145.00
Create eardrum opening	\$ 290.00
Repair eardrum structures	\$ 3,190.00

Digestive Systems

Diagnostic anoscopy	\$ 87.00
Sigmoidoscopy, diagnostic	\$ 232.00
Diagnostic colonoscopy	\$ 290.00
Upper gi endoscopy,diagnosis	\$ 870.00
Colonoscopy and biopsy	\$ 1,160.00

Cardiovascular Systems

Insertion of heart pacemaker	\$ 2,320.00
Coronary artery graft	\$ 7,250.00
Repair of aortic valve	\$ 7,830.00

Endocrine System

Biopsy of thyroid	\$ 232.00
Drain thyroid/tongue cyst	\$ 290.00
Remove thyroid lesion	\$ 2,610.00
Removal of thyroid	\$ 4,060.00

Eye & Ocular Adnexa

Remove foreign body from eye	\$ 145.00
Repair of eye wound	\$ 580.00
Remove cataract, insert lens	\$ 2,900.00
Corneal transplant	\$ 4,060.00

Female Genital System

Biopsy of uterus lining	\$ 145.00
Biopsy of cervix	\$ 232.00
Dilation and curettage (D&C)	\$ 870.00
Total hysterectomy	\$ 3,770.00

Hemic and Lymphatic Systems

Needle biopsy, lymph node(s)	\$ 290.00
Biopsy/removal,lymph node(s)	\$ 870.00
Repair of ruptured spleen	\$ 3,480.00

Integumentary System

Biopsy of skin lesion	\$ 145.00
Debride infected skin	\$ 145.00
Drainage of skin abscess	\$ 232.00
Removal of nail plate	\$ 232.00
Repair superficial wound(s)	\$ 290.00

Male Genital System

Circumcision	\$ 290.00
Biopsy of prostate	\$ 290.00
Removal of hydrocele	\$ 1,450.00
Removal of prostate	\$ 4,060.00

Maternity & Delivery

Fetal non-stress test	\$ 58.00
Antepartum care only	\$ 580.00
Obstetrical care	\$ 2,030.00
Cesarean delivery	\$ 2,610.00
	\$ -

Musculoskeletal System

Strapping of ankle	\$ 87.00
Inj tendon/ligament/cyst	\$ 145.00
Drain/inject joint/bursa	\$ 145.00
Treat fracture radius/ulna	\$ 580.00
Knee arthroscopy/surgery	\$ 2,320.00

Respiratory System

Diagnostic laryngoscopy	\$ 145.00
Insert emergency airway	\$ 580.00

Nervous Systems

Spinal fluid tap, diagnostic	\$ 290.00
Repair of spinal herniation	\$ 4,350.00
Biopsy/excise spinal tumor	\$ 6,670.00

Urinary System

Treatment of bladder lesion	\$ 290.00
Cystoscopy	\$ 580.00
Removal of kidney stone	\$ 4,060.00

Schedule Of Surgical Procedures

Schedule G

This benefit applies only if it is shown in the Summary of Benefits. The following Surgical procedures are paid according to amounts listed, up to the Calendar Year maximum as listed in the Summary of Benefits. If the Calendar Year maximum amount is less than the amount listed on the Surgical Schedule, we will pay the amount of the Calendar Year maximum.

For Surgical procedures not listed, the benefit amount will be determined based on a percentage of a fixed relative value scale. The percentage used will be the same percentage as used in determining the benefit amount for the listed procedures.

Auditory System

Remove impacted ear wax	\$ 168.00
Create eardrum opening	\$ 335.00
Repair eardrum structures	\$ 3,685.00

Digestive Systems

Diagnostic anoscopy	\$ 101.00
Sigmoidoscopy, diagnostic	\$ 268.00
Diagnostic colonoscopy	\$ 335.00
Upper gi endoscopy,diagnosis	\$ 1,005.00
Colonoscopy and biopsy	\$ 1,340.00

Cardiovascular Systems

Insertion of heart pacemaker	\$ 2,680.00
Coronary artery graft	\$ 8,375.00
Repair of aortic valve	\$ 9,045.00

Endocrine System

Biopsy of thyroid	\$ 268.00
Drain thyroid/tongue cyst	\$ 335.00
Remove thyroid lesion	\$ 3,015.00
Removal of thyroid	\$ 4,690.00

Eye & Ocular Adnexa

Remove foreign body from eye	\$ 168.00
Repair of eye wound	\$ 670.00
Remove cataract, insert lens	\$ 3,350.00
Corneal transplant	\$ 4,690.00

Female Genital System

Biopsy of uterus lining	\$ 168.00
Biopsy of cervix	\$ 268.00
Dilation and curettage (D&C)	\$ 1,005.00
Total hysterectomy	\$ 4,355.00

Hemic and Lymphatic Systems

Needle biopsy, lymph node(s)	\$ 335.00
Biopsy/removal,lymph node(s)	\$ 1,005.00
Repair of ruptured spleen	\$ 4,020.00

Integumentary System

Biopsy of skin lesion	\$ 168.00
Debride infected skin	\$ 168.00
Drainage of skin abscess	\$ 268.00
Removal of nail plate	\$ 268.00
Repair superficial wound(s)	\$ 335.00

Male Genital System

Circumcision	\$ 335.00
Biopsy of prostate	\$ 335.00
Removal of hydrocele	\$ 1,675.00
Removal of prostate	\$ 4,690.00

Maternity & Delivery

Fetal non-stress test	\$ 67.00
Antepartum care only	\$ 670.00
Obstetrical care	\$ 2,345.00
Cesarean delivery	\$ 3,015.00
	\$ -

Musculoskeletal System

Strapping of ankle	\$ 101.00
Inj tendon/ligament/cyst	\$ 168.00
Drain/inject joint/bursa	\$ 168.00
Treat fracture radius/ulna	\$ 670.00
Knee arthroscopy/surgery	\$ 2,680.00

Respiratory System

Diagnostic laryngoscopy	\$ 168.00
Insert emergency airway	\$ 670.00

Nervous Systems

Spinal fluid tap, diagnostic	\$ 335.00
Repair of spinal herniation	\$ 5,025.00
Biopsy/excise spinal tumor	\$ 7,705.00

Urinary System

Treatment of bladder lesion	\$ 335.00
Cystoscopy	\$ 670.00
Removal of kidney stone	\$ 4,690.00

<i>SERFF Tracking Number:</i>	<i>SYMT-125769419</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Symetra Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39900</i>
<i>Company Tracking Number:</i>	<i>LGC-10002</i>		
<i>TOI:</i>	<i>H21 Health - Other</i>	<i>Sub-TOI:</i>	<i>H21.000 Health - Other</i>
<i>Product Name:</i>	<i>Select Benefits</i>		
<i>Project Name/Number:</i>	<i>Surgical Schedules D, E, F, G/LGC-10002</i>		

Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Review Status:
Bypassed -Name: Certification/Notice Approved-Closed 08/16/2008
Bypass Reason: NA These are surgical schedules
Comments:

Review Status:
Bypassed -Name: Application Approved-Closed 08/16/2008
Bypass Reason: This not a policy but an endorsement Will use application LGC-9096AR filed and approved12/11/2007
Comments:

Review Status:
Bypassed -Name: Health - Actuarial Justification Approved-Closed 08/16/2008
Bypass Reason: NA These schedules are for a group fixed indemnity policy
Comments:

Review Status:
Bypassed -Name: Outline of Coverage Approved-Closed 08/16/2008
Bypass Reason: NA These schedules are for a group fixed indemnity policy
Comments:

Review Status:
Satisfied -Name: cover letter Approved-Closed 08/16/2008
Comments:
Attachment:
 SSoic.pdf



August 11, 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

Surgical Schedule D LGC-10002 8/08
Surgical Schedule E LGC-10003 8/08
Surgical Schedule F LGC-10004 8/08
Surgical Schedule G LGC-10005 8/08

Enclosed please find a copy of the above referenced Surgical Schedules hereby submitted for approval and filing. The above referenced Schedules will be used in conjunction with the Select Benefits Indemnity Policy LGC-8786AR 2/03, which was approved by your department September 15, 2003. These are new Surgical Schedules and have not been filed before in Arkansas. The Surgical Schedules are submitted in final printed form.

These new Surgical Schedules are offered to the policyholder on an optional basis.

We trust that with all this information you will be able to approve this filing. We hope to make these Schedules 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