

SERFF Tracking Number: USHG-125768805 State: Arkansas
Filing Company: Freedom Life Insurance Company of America State Tracking Number: 39898
Company Tracking Number: HDHP-06-C-AR-FLIC
TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001A Any Size Group - PPO
Product Name: Arkansas HDHP replacement page
Project Name/Number: /

Filing at a Glance

Company: Freedom Life Insurance Company of America

Product Name: Arkansas HDHP replacement page SERFF Tr Num: USHG-125768805 State: ArkansasLH

TOI: H16G Group Health - Major Medical SERFF Status: Closed State Tr Num: 39898
Sub-TOI: H16G.001A Any Size Group - PPO Co Tr Num: HDHP-06-C-AR-FLIC State Status: Approved-Closed
Filing Type: Form Co Status: Reviewer(s): Rosalind Minor
Author: Shari McBride Disposition Date: 08/16/2008
Date Submitted: 08/11/2008 Disposition Status: Approved-Closed

Implementation Date Requested: 08/11/2008

Implementation Date:

State Filing Description:

General Information

Project Name: Status of Filing in Domicile: Authorized
Project Number: Date Approved in Domicile: 05/02/2006
Requested Filing Mode: Informational 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: 08/16/2008
State Status Changed: 08/16/2008 Deemer Date:
Corresponding Filing Tracking Number:

Filing Description:

Correction of previously approved form HDHP-06-C-AR-FLIC
Approved on October 18, 2006 - DOI tracking #36238

Dear Ms. Minor:

SERFF Tracking Number: USHG-125768805 State: Arkansas
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During a routine audit, an error was discovered. The error was caught before the form was put into production; so all insureds have the same and corrected information, however, the forms do not match what was filed and approved. We are providing a replacement page for your records.

The approved form indicated that the Separate Deductible for Non-Participating Providers would not be credited to the Insured Maximum Participating Provider Coinsurance Payment. This has been corrected to state it doesn't apply to the Insured Maximum Non-Participating Provider Coinsurance Payment, and the reverse is the case for the Insured Maximum Participating Provider Coinsurance. Additionally, the Failure to Pre-Certify Treatment Deductible language was removed from the Insured Maximum Non-Participating Provider Coinsurance Payment as it was not filed in the Insured Maximum Participating Provider Coinsurance Payment paragraph above. We apologize for any inconvenience this may have caused.

Company and Contact

Filing Contact Information

Shari McBride, Product Analyst mcbrides@ushealthgroup.com
 801 Cherry Street, Unit 33 (800) 221-9039 [Phone]
 Fort Worth, TX 76102 (817) 878-3422[FAX]

Filing Company Information

Freedom Life Insurance Company of America CoCode: 62324 State of Domicile: Texas
 3100 Burnett Plaza Group Code: 839 Company Type: Accident, Life and Health

801 Cherry Street, Unit 33
 Fort Worth, TX 76102 Group Name: State ID Number:
 (817) 878-3328 ext. [Phone] FEIN Number: 61-1096685

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: 1 Replacement page.
 Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Freedom Life Insurance Company of America	\$50.00	08/11/2008	21875730

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Correspondence Summary

Dispositions

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

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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
Form	HDHP-AR	Approved-Closed	Yes

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Form Schedule

Lead Form Number: HDHP-06-C-AR-FLIC

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	HDHP-06-C-AR-FLIC	Certificate	HDHP-AR	Other	Other Explanation: Correction	42	HDHP-06-C-FLIC-AR replacement page.pdf

“Inherited Metabolic Disorder” means a disease caused by an inherited abnormality of body chemistry and includes a disease tested under a newborn screening program.

“Initial Premium” means the amount charged for coverage under this **Certificate for You** and all **Other Insureds** for the period of time from the **Issue Date** through the day before the **First Renewal Date**. The amount of the **Initial Premium** is shown on the **Certificate Schedule**, and is payable in advance of the **Issue Date**.

“Injury” means damage or harm **Accidentally** sustained to the physical structure of the body of an **Insured** that is the direct cause of the loss independent of disease, bodily infirmity, or any other cause, which occurs while this **Certificate** is in force and effect for such **Insured**. A specific **Injury** from which disability continues or recurs shall be considered one and the same **Injury** or “any one **Injury**”, unless periods of **Confinement** to a **Hospital** or service, treatment, or **Covered Expenses** incurred resulting from such **Injury** are separated by an interval of at least ninety (90) consecutive days between the end of one such period and the beginning of a subsequent such period.

“Inpatient” means an **Insured** who receives **Medically Necessary** services from a **Provider** in a **Hospital** when such **Insured** is **Confined** and receives room and board from such **Hospital** for not less than eight (8) hours. Treatment or services rendered or **Provided** in a **Hospital** emergency room is not an **Inpatient Confinement** for the purposes of this **Certificate**. A period of **Inpatient Confinement** begins on the date of admission to the **Hospital** as an **Inpatient** and ends on the date of discharge.

“Insured” means the following:

1. the **Primary Insured** whose coverage under this **Certificate** is still in force and effect;
2. any other individuals named as **Other Insureds** on the **Certificate Schedule** whose coverage under this **Certificate** is still in force and effect; and
3. any individual who is added to this **Certificate** after the **Issue Date** by proper endorsement after proper application and payment of any additional premium whose coverage under this **Certificate** is still in force and effect.

“Insured Coinsurance Percentage” means the portion of the **Covered Expenses** that **You** must pay after satisfaction of all applicable deductibles. The different **Insured Coinsurance Percentages** are shown on the **Certificate Schedule** at (i) **Participating Providers** (ii) **Participating Pharmacies**, and (iii) **Non-Participating Providers**, and (iv) **Non-Participating Pharmacies**.

“Insured Maximum Participating Provider Coinsurance Payment” means the maximum amount, after the satisfaction of all applicable **Certificate** deductibles, that an **Insured** is required to pay in a **Calendar Year** under the **Insured Coinsurance Percentage** for services rendered at **Participating Providers** [and **Participating Pharmacies**]. **Covered Expenses** incurred for services rendered at **Participating Providers** [and **Participating Pharmacies**] that are covered under the **Sickness and Injury Benefits** and the **Wellness and Screening Benefits** Sections and applied by the **Company** toward satisfaction of the **Calendar Year Single Deductible**, and/or any other deductible contained in this **Certificate** or any rider attached to this **Certificate**, shall not be credited or applied toward satisfaction of the **Insured Maximum Participating Provider Coinsurance Payment**. The amount of the **Insured Maximum Participating Provider Coinsurance Payment** is shown on the **Certificate Schedule**.

“Insured Maximum Non-Participating Provider Coinsurance Payment” means the maximum amount, after the satisfaction of all applicable **Certificate** deductibles, that an **Insured** is required to pay in a **Calendar Year** under the **Insured Coinsurance Percentage** for services rendered at **Non-Participating Providers** [and **Non-Participating Pharmacies**]. **Covered Expenses** incurred for services rendered at **Non-Participating Providers** [and **Non-Participating Pharmacies**] that are covered under the **Sickness and Injury Benefits** and the **Wellness and Screening Benefits** Sections and applied by the **Company** toward satisfaction of the **Separate Deductible For Non-Participating Providers** and/or any other deductible contained in this **Certificate** or any rider attached to this **Certificate** shall not be credited or applied toward satisfaction of the **Insured Maximum Non-Participating Provider Coinsurance Payment**. The amount of the **Insured Non-Participating Provider Maximum Coinsurance Payment** is shown on the **Certificate Schedule**.

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Rate Information

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Supporting Document Schedules

Review Status:
Bypassed -Name: Certification/Notice Approved-Closed 08/16/2008
Bypass Reason: This form was previously filed / approved and this information previously provided.
Comments:

Review Status:
Bypassed -Name: Application Approved-Closed 08/16/2008
Bypass Reason: Application was previously filed and approved, form number APP-FI-FLIC, approved 10/18/06, state tracking # 36238
Comments: