

| | | | |
|--------------------------|-------------------------------------|------------------------|-----------------------------|
| SERFF Tracking Number: | AENX-126360438 | State: | Arkansas |
| Filing Company: | Aetna Life Insurance Company | State Tracking Number: | 43909 |
| Company Tracking Number: | AH AR0205701F01 | | |
| TOI: | H06 Health - Conversion | Sub-TOI: | H06.000 Health - Conversion |
| Product Name: | 2009 Law Department | | |
| Project Name/Number: | 2009 Law Department/AH AR0205701F01 | | |

Filing at a Glance

Company: Aetna Life Insurance Company

Product Name: 2009 Law Department

TOI: H06 Health - Conversion

Sub-TOI: H06.000 Health - Conversion

Filing Type: Form

SERFF Tr Num: AENX-126360438 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 43909

Co Tr Num: AH AR0205701F01

State Status: Approved-Closed

Author: SPI AetnaSPI

Reviewer(s): Rosalind Minor

Date Submitted: 10/27/2009

Disposition Date: 11/04/2009

Disposition Status: Approved-
Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: 2009 Law Department

Project Number: AH AR0205701F01

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 11/04/2009

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 11/04/2009

Created By: SPI AetnaSPI

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: SPI AetnaSPI

Filing Description:

The form listed above is being submitted for your Department's review and approval on a general use basis. The subject form is new and does not replace any form previously approved by your Department.

The purpose of this filing is to make certain revisions to the mail order drug benefit section appearing in policy form GR-30608-BD-(State)-Rev. The intent behind these revisions is to further clarify certain administrative and claim related practices associated with our outpatient prescription drug benefit. These revisions reflect the current practices and anticipated future trends in the pharmacy benefits marketplace, in which prescription drugs may be purchased directly from pharmacies through wholesalers and other third party intermediaries and distributed on a retail or mail order basis.

SERFF Tracking Number: AENX-126360438 State: Arkansas
 Filing Company: Aetna Life Insurance Company State Tracking Number: 43909
 Company Tracking Number: AH AR0205701F01
 TOI: H06 Health - Conversion Sub-TOI: H06.000 Health - Conversion
 Product Name: 2009 Law Department
 Project Name/Number: 2009 Law Department/AH AR0205701F01

There is no rate impact associated with the revisions set forth in this amendments.

Company and Contact

Filing Contact Information

John Ciesielski, Product and Regulatory Affairs CiesielskiJW@Aetna.com
 Manager
 151 Farmington Avenue 860-279-1282 [Phone]
 Mail Stop RW61 860-952-2069 [FAX]
 Hartford, CT 06156

Filing Company Information

Aetna Life Insurance Company CoCode: 60054 State of Domicile: Connecticut
 151 Farmington Avenue Group Code: 1 Company Type:
 Hartford, CT 06156 Group Name: Aetna State ID Number:
 (860) 273-7546 ext. [Phone] FEIN Number: 06-6033492

Filing Fees

Fee Required? No
 Retaliatory? No
 Fee Explanation:
 Per Company: No

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|------------------------------|--------|----------------|---------------|
| Aetna Life Insurance Company | \$0.00 | 10/27/2009 | |

SERFF Tracking Number: AENX-126360438 State: Arkansas
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 TOI: H06 Health - Conversion Sub-TOI: H06.000 Health - Conversion
 Product Name: 2009 Law Department
 Project Name/Number: 2009 Law Department/AH AR0205701F01

Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|-----------------|----------------|------------|----------------|
| Approved-Closed | Rosalind Minor | 11/04/2009 | 11/04/2009 |

Filing Notes

| Subject | Note Type | Created By | Created On | Date Submitted |
|------------|---------------|----------------|------------|----------------|
| Filing Fee | Note To Filer | Rosalind Minor | 10/30/2009 | 10/30/2009 |

SERFF Tracking Number: AENX-126360438 *State:* Arkansas
Filing Company: Aetna Life Insurance Company *State Tracking Number:* 43909
Company Tracking Number: AH AR0205701F01
TOI: H06 Health - Conversion *Sub-TOI:* H06.000 Health - Conversion
Product Name: 2009 Law Department
Project Name/Number: 2009 Law Department/AH AR0205701F01

Disposition

Disposition Date: 11/04/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AENX-126360438 State: Arkansas
 Filing Company: Aetna Life Insurance Company State Tracking Number: 43909
 Company Tracking Number: AH AR0205701F01
 TOI: H06 Health - Conversion Sub-TOI: H06.000 Health - Conversion
 Product Name: 2009 Law Department
 Project Name/Number: 2009 Law Department/AH AR0205701F01

| Schedule | Schedule Item | Schedule Item Status | Public Access |
|---------------------|--|----------------------|---------------|
| Supporting Document | Flesch Certification | 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 |
| Supporting Document | AR - READABILITY CERTIFICATION, AR - NAIC TRANSMITTAL DOCUMENT, AR - NAIC FORM FILING ATTACHMENT | Approved-Closed | Yes |
| Form | Mail Order Drug Amendment | Approved-Closed | Yes |

SERFF Tracking Number: AENX-126360438 *State:* Arkansas
Filing Company: Aetna Life Insurance Company *State Tracking Number:* 43909
Company Tracking Number: AH AR0205701F01
TOI: H06 Health - Conversion *Sub-TOI:* H06.000 Health - Conversion
Product Name: 2009 Law Department
Project Name/Number: 2009 Law Department/AH AR0205701F01

Note To Filer

Created By:

Rosalind Minor on 10/30/2009 10:36 AM

Last Edited By:

Rosalind Minor

Submitted On:

11/04/2009 01:25 PM

Subject:

Filing Fee

Comments:

Please submit a \$20.00 filing fee for this submission.

SERFF Tracking Number: AENX-126360438 State: Arkansas
 Filing Company: Aetna Life Insurance Company State Tracking Number: 43909
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 TOI: H06 Health - Conversion Sub-TOI: H06.000 Health - Conversion
 Product Name: 2009 Law Department
 Project Name/Number: 2009 Law Department/AH AR0205701F01

Form Schedule

Lead Form Number:

| Schedule Item | Form Number | Form Type | Form Name | Action | Action Specific Data | Readability | Attachment |
|---------------|-------------|--------------|-----------------|---------|----------------------|-------------|------------|
| Approved- | GR-96627 | Policy/Cont | Mail Order Drug | Initial | | 56.200 | GR-96627 |
| Closed | ED. 07/09 | ract/Fratern | Amendment | | | | ED_ |
| 11/04/2009 | | al | | | | | 07_09.PDF |
| | | Certificate: | | | | | |
| | | Amendmen | | | | | |
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| | | Page, | | | | | |
| | | Endorseme | | | | | |
| | | nt or Rider | | | | | |

Aetna Life Insurance Company

Hartford, Connecticut 06156

Amendment

Effective Date: This Amendment is effective on the later of:

[July 1, 20XX]; or

The date you become covered under this Policy.

This Mail Order Drug and Medicine Expenses section of your Policy is hereby deleted and replaced with the following:

Mail Order Drug and Medicine Expenses

This Policy pays for charges in excess of the copay amount for each prescription made by a Mail Order Pharmacy for drugs and medicines which are:

- for use in the treatment of a disease or injury; and
- are obtainable only with a physician's prescription.

The copay amount means the amount a person pays per prescription or refill.

Not included is any charge for more than a 90 day supply per prescription or refill.

Not included is any charge for a drug or medicine which is not dispensed by a Mail Order Pharmacy. Charges for such drugs or medicines shall be included as Covered Medical Expenses on the same basis as charges for any other drug or medicine.

Mail Order Pharmacy means a mail order drug company which has agreed with Aetna, an affiliate or a third party vendor to provide its services to persons covered under this Policy.

[If the cost of the prescription drug is less than the applicable copayment [you will pay the full cost of the prescription drug] [your cost sharing of the prescription drug will not be more than 50%].

This Amendment makes no other changes to your Policy.



Ronald A. Williams
Chairman and Chief Executive Officer

SERFF Tracking Number: AENX-126360438 State: Arkansas
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 Company Tracking Number: AH AR0205701F01
 TOI: H06 Health - Conversion Sub-TOI: H06.000 Health - Conversion
 Product Name: 2009 Law Department
 Project Name/Number: 2009 Law Department/AH AR0205701F01

Supporting Document Schedules

| | Item Status: | Status Date: |
|---|-----------------|--------------|
| Satisfied - Item: Flesch Certification Comments: Attachment: AR - READABILITY CERTIFICATION.PDF | Approved-Closed | 11/04/2009 |
| Bypassed - Item: Application Bypass Reason: not applicable Comments: | Approved-Closed | 11/04/2009 |
| Bypassed - Item: Outline of Coverage Bypass Reason: not applicable Comments: | Approved-Closed | 11/04/2009 |
| Satisfied - Item: Cover Letter Comments: cover letter Attachment: Cover Letter.PDF | Approved-Closed | 11/04/2009 |
| Satisfied - Item: AR - READABILITY CERTIFICATION, AR - NAIC TRANSMITTAL DOCUMENT, AR - | Approved-Closed | 11/04/2009 |

SERFF Tracking Number: AENX-126360438 *State:* Arkansas
Filing Company: Aetna Life Insurance Company *State Tracking Number:* 43909
Company Tracking Number: AH AR0205701F01
TOI: H06 Health - Conversion *Sub-TOI:* H06.000 Health - Conversion
Product Name: 2009 Law Department
Project Name/Number: 2009 Law Department/AH AR0205701F01

NAIC FORM FILING
ATTACHMENT

Comments:

Attachments:

AR - READABILITY CERTIFICATION.PDF
AR - NAIC TRANSMITTAL DOCUMENT.PDF
AR - NAIC FORM FILING ATTACHMENT.PDF

STATE OF ARKANSAS
READABILITY CERTIFICATION

COMPANY NAME: Aetna Life Insurance Company

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

| Form Number | Score |
|--------------------|--------------|
| GR-96627 ED. 07/09 | 56.2 |
| | |
| | |
| | |
| | |

Signed: John W Ciesielski
Name: John Ciesielski
Title: Manager Product and Regulatory Approvals

Date: October 27, 2009



John W. Ciesielski
Product & Regulatory Approvals
Law and Regulatory Affairs
151 Farmington Ave, RW61
Hartford, CT 06156
(845) 279-1282
Fax: (860) 952-2065
Email: Ciesielskijw@aetna.com

October 27, 2009

Insurance Commissioner Julie Benafield Bowman
Compliance - Life and Health
Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

Re: Aetna Life Insurance Company
NAIC No. 001-60054
Accident & Health Insurance Coverage
Individual Conversion Policy Amendment Form: GR-96627 ED. 07/09

Dear Commissioner Benafield:

The form listed above is being submitted for your Department's review and approval on a general use basis. The subject form is new and does not replace any form previously approved by your Department.

The purpose of this filing is to make certain revisions to the mail order drug benefit section appearing in policy form GR-30608 and GR-65165. The intent behind these revisions is to further clarify certain administrative and claim related practices associated with our outpatient prescription drug benefit. These revisions more clearly reflect the current practices and the evolution of the pharmacy benefits marketplace to the point where prescription drugs may now be purchased directly from pharmacies through wholesalers and other third party intermediaries and distributed on a retail or mail order basis.

We intend to use the subject amendment with policy form Policy Form GR-30608 previously approved by your Department on May 10, 1982 and Policy Form GR-65165 approved on April 4, 1983.

If you have any questions, please feel free to contact me at the phone number, fax number or e-mail address shown above.

Sincerely,

A handwritten signature in black ink that reads "John W. Ciesielski".

John W. Ciesielski, Manager
Product & Regulatory Approvals

STATE OF ARKANSAS
READABILITY CERTIFICATION

COMPANY NAME: Aetna Life Insurance Company

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

| Form Number | Score |
|--------------------|--------------|
| GR-96627 ED. 07/09 | 56.2 |
| | |
| | |
| | |
| | |

Signed: John W Ciesielski

Name: John Ciesielski

Title: Manager Product and Regulatory Approvals

Date: October 27, 2009

Life, Accident & Health, Annuity, Credit Transmittal Document

| | | |
|-----------|----------------------------------|----------|
| 1. | Prepared for the State of | Arkansas |
|-----------|----------------------------------|----------|

| | | |
|-----------|----------------------------|--|
| 2. | Department Use Only | |
| | State Tracking ID | |
| | | |

| 3. Insurer Name & Address | Domicile | Insurer License Type | NAIC Group # | NAIC # | FEIN # | State # |
|--|----------|----------------------|--------------|--------|------------|---------|
| Aetna Life Insurance Company 151 Farmington Avenue Hartford CT 06156 | CT | | 001 | 60054 | 06-6033492 | |

| 4. Contact Name & Address | Telephone # | Fax # | E-mail Address |
|---|--------------|--------------|------------------------|
| John Ciesielski 151 Farmington Avenue, Mail Stop RW61 Hartford CT 06156 | 860-279-1282 | 860-952-2069 | CiesielskiJW@Aetna.com |

| | |
|---------------------------------|--|
| 5. Requested Filing Mode | <input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____ |
|---------------------------------|--|

| | |
|-----------------------------------|-----------------|
| 6. Company Tracking Number | AH AR0205701F01 |
|-----------------------------------|-----------------|

| | |
|-----------|--|
| 7. | <input type="checkbox"/> New Submission <input type="checkbox"/> Resubmission Previous file # _____ |
|-----------|--|

| | |
|------------------|--|
| 8. Market | <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise <input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____ |
|------------------|--|

| | |
|-----------------------------|-------------------------|
| 9. Type of Insurance | H06 Health - Conversion |
|-----------------------------|-------------------------|

| | |
|--|-----------------------------|
| 10. Product Coding Matrix Filing Code | H06.000 Health - Conversion |
|--|-----------------------------|

| | |
|--------------------------------|---|
| 11. Submitted Documents | <input type="checkbox"/> FORMS <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application/Enrollment <input type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other: _____ <input type="checkbox"/> RATES <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate <input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____ SUPPORTING DOCUMENTATION <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Trust Agreement <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Certifications <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other: _____ |
|--------------------------------|---|

| | | |
|---|-------------------------------------|--|
| 12. | Filing Submission Date | |
| 13. | Filing Fee (If required) | Amount _____ Check Date _____ Retaliatory <input type="checkbox"/> Yes <input type="checkbox"/> No Check Number _____ |
| 14. | Date of Domiciliary Approval | |
| 15. | Filing Description: | |
| <p>The form listed above is being submitted for your Department's review and approval on a general use basis. The subject form is new and does not replace any form previously approved by your Department.</p> <p>The purpose of this filing is to make certain revisions to the mail order drug benefit section appearing in policy form GR-30608-BD-(State)-Rev. The intent behind these revisions is to further clarify certain administrative and claim related practices associated with our outpatient prescription drug benefit. These revisions reflect the current practices and anticipated future trends in the pharmacy benefits marketplace, in which prescription drugs may be purchased directly from pharmacies through wholesalers and other third party intermediaries and distributed on a retail or mail order basis.</p> <p>There is no rate impact associated with the revisions set forth in this amendments.</p> | | |

| | | |
|---|------------------------------------|--|
| 16. | Certification (If required) | |
| <p>I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of <u>Arkansas</u>.</p> | | |
| <p>Print Name <u>John Ciesielski</u> Title <u>Product and Regulatory Affairs Manager</u></p> | | |
| <p>Signature <u>John W Ciesielski</u> Date <u>October 27, 2009</u></p> | | |

| | | |
|---|-------------------------------|--|
| 17. | Form Filing Attachment | |
| This filing transmittal is part of company tracking number | AH AR0205701F01 | |
| This filing corresponds to rate filing company tracking number | | |

| | Document Name | Form Number | | Replaced Form Number |
|----|---------------------------|--------------------|--|-------------------------------------|
| | Description | | | Previous State Filing Number |
| 01 | Mail Order Drug Amendment | GR-96627 ED. 07/09 | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____ | |
| 02 | | | <input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____ | |
| 03 | | | <input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____ | |
| 04 | | | <input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____ | |
| 05 | | | <input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____ | |
| 06 | | | <input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____ | |
| 07 | | | <input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____ | |
| 08 | | | <input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____ | |
| 09 | | | <input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____ | |
| 10 | | | <input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____ | |
| 11 | | | <input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____ | |