

SERFF Tracking Number: ALST-126372833 State: Arkansas
Filing Company: American Heritage Life Insurance Company State Tracking Number: 43999
Company Tracking Number: PROSTATE SCREENING/HEARING AIDS
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: Prostate Screening / Hearing Aids/

Filing at a Glance

Company: American Heritage Life Insurance Company

Product Name: Limited Benefit Medical Expense Insurance SERFF Tr Num: ALST-126372833 State: Arkansas

TOI: H15G Group Health - Hospital/Surgical/Medical Expense SERFF Status: Closed-Approved- Closed State Tr Num: 43999

Sub-TOI: H15G.002 Large Group Only Co Tr Num: PROSTATE SCREENING/HEARING AIDS State Status: Approved-Closed

Filing Type: Form Reviewer(s): Rosalind Minor
Authors: Angie Redden, Lynn Bautista, Patti Hicks Disposition Date: 11/10/2009
Date Submitted: 11/06/2009 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval Implementation Date:
State Filing Description:

General Information

Project Name: Prostate Screening / Hearing Aids

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 11/10/2009

Deemer Date:

Submitted By: Patti Hicks

Filing Description:

Re: Filing for American Heritage Life Insurance Company

NAIC No. 60534

Addition of Screening for Prostate Cancer and Speech or Hearing Impairment and Hearing Aids Benefit provisions to previously approved form G-3000-P, et al

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

Explanation for Other Group Market Type:

State Status Changed: 11/10/2009

Created By: Patti Hicks

Corresponding Filing Tracking Number:

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To Whom It May Concern:

We submit policy forms G-3128PC(AR)-P, G-3272SHA(AR)-P (01/10), and G-3290(AR)-P (01/10) and certificate forms G-3128PC(AR)-C, G-3272SHA(AR)-C (01/10), and G-3290(AR)-P (01/10) for your review and approval. These forms will be used with Form G-3000-P, et al, last approved by your department for use with a PPO on April 27, 2005.

Forms G-3128PC(AR)-P and G-3128PC(AR)-C are new forms and will add benefit provisions for screening for prostate cancer to comply with H.B. 1031.

Forms G-3272SHA(AR)-P (01/10) and G-3272SHA(AR)-C (01/10) replace G-3272SHI-P and G-3272SHI-C. We have revised the Speech and Hearing Impairment to add hearing aids with this provision. These provisions will add hearing aids to comply with Bulletin 7-2009.

Forms G-3290(AR)-P and G-3290(AR) replace G-3290-P and G-3290-C. We have revised the Exclusions to not include Hearing Aids.

These forms will be marketed to Employer Groups and will not affect rates.

If you have any questions regarding this filing, feel free to 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 Group Name: Allstate State ID Number:
Jacksonville, FL 32224-9983 FEIN Number: 59-0781901
(904) 992-1776 ext. [Phone]

Filing Fees

SERFF Tracking Number: ALST-126372833 State: Arkansas
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Fee Required? Yes
Fee Amount: \$120.00
Retaliatory? No
Fee Explanation: \$20.00 x 6 forms = \$120.00
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Heritage Life Insurance Company	\$120.00	11/06/2009	31850075

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	11/10/2009	11/10/2009

SERFF Tracking Number: ALST-126372833 *State:* Arkansas
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Disposition

Disposition Date: 11/10/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Form	Screening for Prostate Cancer Policy Provision	Approved-Closed	Yes
Form	Screening for Prostate Cancer Certificate Provision	Approved-Closed	Yes
Form	Speech of Hearing Impairment and Hearing Aids Policy Provision	Approved-Closed	Yes
Form	Speech of Hearing Impairment and Hearing Aids Certificate Provision	Approved-Closed	Yes
Form	Exclusions for Medical Expense	Approved-Closed	Yes
Form	Exclusions for Medical Expense	Approved-Closed	Yes

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Form Schedule

Lead Form Number: G-3128PC(AR)-P

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 11/10/2009	G-3128PC(AR)-P	Policy/Contract	Screening for Prostate Cancer Policy Provision	Initial			G-3128PC(AR)-P.pdf
Approved-Closed 11/10/2009	G-3128PC(AR)-P	Certificate	Screening for Prostate Cancer Certificate Provision	Initial			G-3128PC(AR)-C.pdf
Approved-Closed 11/10/2009	G-3272SHA(AR)-P (01/10)	Policy/Contract	Speech of Hearing Impairment and Hearing Aids Policy Provision	Revised	Replaced Form #: G-3271SHI-P Previous Filing #:		G-3272SHA(AR)-P (01-10).pdf
Approved-Closed 11/10/2009	G-3272SHA(AR)-C (01/10)	Certificate	Speech of Hearing Impairment and Hearing Aids Certificate Provision	Revised	Replaced Form #: G-3271SHI-C Previous Filing #:		G-3272SHA(AR)-C (01-10).pdf

<i>SERFF Tracking Number:</i>	<i>ALST-126372833</i>	<i>State:</i>	<i>Arkansas</i>	
<i>Filing Company:</i>	<i>American Heritage Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>43999</i>	
<i>Company Tracking Number:</i>	<i>PROSTATE SCREENING/HEARING AIDS</i>			
<i>TOI:</i>	<i>H15G Group Health - Hospital/Surgical/Medical Sub-TOI:</i>		<i>H15G.002 Large Group Only</i>	
	<i>Expense</i>			
<i>Product Name:</i>	<i>Limited Benefit Medical Expense Insurance</i>			
<i>Project Name/Number:</i>	<i>Prostate Screening / Hearing Aids/</i>			
Approved- G- Closed 3290(AR)- 11/10/2009 (01/10)	Policy/Cont Exclusions for Pract/Fratern Medical Expense al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Revised	Replaced Form #: G- 3290-P Previous Filing #:	G-3290(AR)- P (01-10).pdf
Approved- G- Closed 3290(AR)- 11/10/2009 C (01/10)	Certificate Exclusions for Amendmen Medical Expense t, Insert Page, Endorseme nt or Rider	Revised	Replaced Form #: G- 3290-C Previous Filing #:	G-3290(AR)- C (01-10).pdf

**Screening for
Prostate Cancer**

This provision provides a benefit for the charges incurred by an Insured Person for an annual screening for prostate cancer in men age 40 and older. This will include, at a minimum, a prostate-specific antigen blood test and digital rectal examination.

This benefit will be based on the Insured Per Cent [or Copayment] that would be applied to expenses for the treatment of Sickness.

G-3128PC(AR)-P

**Screening for
Prostate Cancer**

rectal examination.

Benefits will be payable for the charges incurred by an Insured Person for an annual screening for prostate cancer in men age 40 and over. This will include, at a minimum, a prostate-specific antigen blood test and digital

This benefit will be based on the Insured Per Cent [or Copayment] that would be applied to expenses for the treatment of Sickness.

G-3128PC(AR)-C

**Speech or Hearing
Impairment and
Hearing Aids**

Plan benefits are provided for care and treatment for loss or impairment of speech or hearing, including treatment by speech pathologists and audiologists, on the same basis as for any other Sickness.

For the purposes of this benefit, a speech pathologist and an audiologist will be considered a Physician and their services do not have to be provided under the direct supervision of an M.D. or D.O.

The phrase "loss or impairment of speech or hearing" includes those communicative disorders generally treated by a speech pathologist or audiologist licensed by the State Board of Examiners in Speech Pathology and Audiology and which fall within the scope of his or her area of certification.

In addition, separate plan benefits are provided for hearing aids up to \$1,400 per ear for each 3 [Coverage] [Calendar] Year period which are not subject to the Preexisting Condition Provision.

"Hearing aid" means an instrument or device, including repair and replacement parts, that is:

- A. designed and offered for the purpose of aiding persons with or compensation for impaired hearing;
- B. worn in or on the body; and
- C. generally not useful to a person in the absence of a hearing impairment.

Benefits for hearing aids are not subject to any Deductible [or Copayment].

G-3272SHA(AR)-P (01/10)

**Speech or Hearing
Impairment and
and Hearing Aids**

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- A. designed and offered for the purpose of aiding persons with or compensation for impaired hearing;
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- C. generally not useful to a person in the absence of a hearing impairment.

Benefits for hearing aids are not subject to any Deductible [or Copayment].

G-3272SHA(AR)-C (01/10)

Section: EXCLUSIONS

MEDICAL EXPENSE INSURANCE [AND SUPPLEMENTAL MEDICAL EXPENSE INSURANCE]

[I.] No benefits will be paid under any section of the Group Policy that provides a type of Health Expense Insurance for any expense incurred by an Insured Person:

A. on account of or in connection with:

1. an examination not required for care or treatment of a Sickness or Injury, immunizations or other preventive measures, except as may be provided under the Maternity Care provision, or under any Special Provisions;
2. care of any person We determine to be custodial or for maintenance purposes, except as may be provided under the Maternity Care provision or any Special Provisions;
3. Injury arising out of or in the course of doing any job or work for wage or profit, or Sickness covered by any Workers' Compensation Law or Act;
4. war, or any act of war, whether declared or not, that occurs while the person is insured;
5. Injury sustained while participating in a riot or in the act of committing an assault or felony;
6. care or treatment of the teeth, their roots or root sockets or gums, except:
 - (a) prompt (within twelve months in the case of an adult) repair of sound natural teeth or other body tissue required as a result of an Injury; or
 - (b) care or treatment of congenital defects in a child who becomes insured at birth;
7. eye exams, eyeglasses or lenses or Surgery for the correction of errors of refraction in the eye, except the first exam and lens that may be required after cataract Surgery;
8. Cosmetic Surgery, regardless of any psychological or emotional benefits to be gained by it, unless it is required to correct a severe birth defect or the severe scar of an acute Sickness or Injury suffered while insured;
9. the removal of corns, calluses or toenails, unless the nail roots must be removed too, or the purchase of shoes;
10. acupuncture; (This does not apply if used as a form of anesthesia for which a benefit may be paid.)
11. any type of education or job training of any kind;
12. therapies that are not otherwise covered; (To help make this point clear, some examples of these include but are not limited to: primal, educational, megavitamin, bioenergetic, and carbon dioxide therapies, rolfing and psychodrama.)
13. counseling services that are not otherwise covered; (To help make this point clear, some examples of these include but are not limited to: marriage, family, child, career, social adjustment, pastoral and financial counseling.)
14. a pregnancy of a Dependent Child and the childbirth that may result, or any induced abortion unless the mother's life or health would be endangered if she carried the fetus to term; (This exclusion does not apply where there are Complications of Pregnancy.)
15. mental illness, nervous disorders, alcoholism or drug abuse, except as may be covered under any Special Provisions;

Section: EXCLUSIONS(Continued)

MEDICAL EXPENSE INSURANCE [AND SUPPLEMENTAL MEDICAL EXPENSE INSURANCE]

16. drugs or medicines that may be obtained lawfully without a Physician's prescription; (This does not apply to insulin.)
 17. sexual dysfunction or identity, sex change or procedures to cause a person to be pregnant or aid in such cause;
 18. treatment or tests for infertility (unless brought on by Sickness or Injury while insured) or genetic testing;
 19. measures to control food intake for purposes of weight control;
 20. programs to train and teach people to cope with or manage pain or to retrain for a job;
 21. biofeedback and other forms of training for the care of one's self and related testing; or
 22. a Preexisting Condition, except as provided under the Special Provisions.
- B. for care, treatment, services and supplies:
1. that are not Medically Necessary;
 2. for which there is no legal obligation for the Insured Person to pay or for which no charge would be made if insurance did not exist, unless such charge is regularly and customarily made in similar amount by the provider of such to other non-indigent patients, or unless, in either case, We are required by law to pay to the Government of the United States;
 3. rendered and charged for by a resident intern or physician;
 4. that We determine to be not necessary for diagnosis, care or treatment of the Sickness or Injury involved; (This applies even if prescribed by a Physician.)
 5. that could have been done for one's self or a member of his family; or
 6. charged for by a relative of the patient.
- C. when the provider charges a fee for a service he/she does not actively perform. (Examples of this include, but are not limited to, case management fees and the professional component of automated laboratory procedures.)
- D. that exceeds the Reasonable and Customary charges within the area for the services and supplies furnished.
- [II. No benefits will be paid under the Supplemental Medical Expense Insurance section of the Group Policy for expenses incurred by an Insured Person on account of or in connection with:
- A. treatment, services or supplies received as an Outpatient.
 - B. Inpatient treatment, services and supplies provided by a Hospital or Hospice Facility, other than expenses incurred by the Insured Person for Room & Board Charges.]

EXCLUSIONS

MEDICAL EXPENSE INSURANCE [AND SUPPLEMENTAL MEDICAL EXPENSE INSURANCE]

No benefits will be paid under any type of Health Expense Insurance for any expense incurred:

A. on account of or in connection with:

1. an examination not required for care or treatment of a Sickness or Injury, immunizations or other preventive measures, except as may be covered under the Maternity Care provision, or under any Special Provisions;
2. care of any person We determine to be custodial or for maintenance purposes, except as may be provided under the Maternity Care provision, or under any Special Provisions;
3. Injury arising out of or in the course of doing any job or work for wage or profit, or Sickness covered by any Workers' Compensation Law or Act;
4. war, or any act of war, whether declared or not, that occurs while You are insured;
5. Injury sustained while participating in a riot or in the act of committing an assault or felony;
6. care or treatment of the teeth, their roots or root sockets or gums, except:
 - (a) prompt (within twelve months in the case of an adult) repair of sound natural teeth or other body tissue required as a result of an Injury; or
 - (b) care or treatment of congenital defects in your child who becomes insured at birth;
7. eye exams, eyeglasses or lenses or Surgery for the correction of errors of refraction in the eye, except the first exam and lens that may be required after cataract Surgery;
8. Cosmetic Surgery, regardless of any psychological or emotional benefits to be gained by it, unless it is required to correct a severe birth defect or the severe scar of an acute Sickness or Injury suffered while insured;
9. the removal of corns, calluses or toenails, unless the nail roots must be removed too, or the purchase of shoes;
10. acupuncture; (This does not apply if used as a form of anesthesia for which a benefit may be paid.)
11. any type of education or job training of any kind;
12. therapies that are not otherwise covered; (To help make this point clear, some examples of these include but are not limited to: primal, educational, megavitamin, bioenergetic, and carbon dioxide therapies, rolfing and psychodrama.)
13. counseling services that are not otherwise covered; (To help make this point clear, some examples of these include but are not limited to: marriage, family, child, career, social adjustment, pastoral and financial counseling.)
14. a pregnancy of a Dependent Child and the childbirth that may result, or any induced abortion unless the mother's life or health would be endangered if she carried the fetus to term; (This exclusion does not apply where there are Complications of Pregnancy.)
15. mental illness, nervous disorders, alcoholism or drug abuse, except as may be covered under any Special Provisions;

EXCLUSIONS (Continued)

MEDICAL EXPENSE INSURANCE [AND SUPPLEMENTAL MEDICAL EXPENSE INSURANCE]

16. drugs or medicines that may be obtained lawfully without a Physician's prescription; (This does not apply to insulin.)
 17. sexual dysfunction or identity, sex change or procedures to cause You to be pregnant or aid in such cause;
 18. treatment or tests for infertility (unless brought on by Sickness or Injury while insured) or genetic testing;
 19. measures to control food intake for purposes of weight control;
 20. programs to train and teach people to cope with or manage pain or to retrain for a job;
 21. biofeedback and other forms of training for the care of one's self and related testing; or
 22. a Preexisting Condition, except as provided under the Special Provisions.
- B. for care, treatment, services and supplies:
1. that are not Medically Necessary;
 2. for which there is no legal obligation for You to pay or for which no charge would be made if You did not have insurance, unless such charge is regularly and customarily made in similar amount by the provider of such to other non-indigent patients, or unless, in either case, We are required by law to pay to the Government of the United States;
 3. rendered and charged for by a resident intern or physician;
 4. that We determine to be not necessary for diagnosis, care or treatment of the Sickness or Injury involved; (This applies even if prescribed by a Physician.)
 5. that could have been done by Yourself or by a member of Your family; or
 6. charged for by one of Your relatives.
- C. when the provider charges a fee for a service he/she does not actively perform. (Examples of this include, but are not limited to, case management fees and the professional component of automated laboratory procedures.)
- D. that exceeds the Reasonable and Customary charges within the area for the services and supplies furnished.

[No benefits will be paid under the Supplemental Medical Expense Insurance section of the Group Policy for: (a) treatment, services or supplies received as an Outpatient; or (b) Inpatient treatment, services and supplies provided by a Hospital or Hospice Facility, other than expenses incurred by an Insured Person for Room and Board Charges.]

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Supporting Document Schedules

		Item Status:	Status Date:
Bypassed - Item:	Flesch Certification	Approved-Closed	11/10/2009
Bypass Reason:	N/A		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	11/10/2009
Bypass Reason:	N/A		
Comments:			