

SERFF Tracking Number: CMLX-126368602 State: Arkansas  
Filing Company: Companion Life Insurance Company State Tracking Number: 43968  
Company Tracking Number: HH AR0008601F01  
TOI: H14G Group Health - Hospital Indemnity Sub-TOI: H14G.000 Health - Hospital Indemnity  
Product Name: HIEM01GR09  
Project Name/Number: HIEM01GR09/HH AR0008601F01

## Filing at a Glance

Company: Companion Life Insurance Company

Product Name: HIEM01GR09

SERFF Tr Num: CMLX-126368602 State: Arkansas

TOI: H14G Group Health - Hospital Indemnity

SERFF Status: Closed-Approved-  
Closed State Tr Num: 43968

Sub-TOI: H14G.000 Health - Hospital Indemnity Co Tr Num: HH AR0008601F01

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Rosalind Minor

Author: SPI CompanionLife

Disposition Date: 11/04/2009

Date Submitted: 11/03/2009

Disposition Status: Approved-  
Closed

Implementation Date Requested: 11/03/2009

Implementation Date:

State Filing Description:

## General Information

Project Name: HIEM01GR09

Status of Filing in Domicile:

Project Number: HH AR0008601F01

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Large

Overall Rate Impact:

Group Market Type: Employer

Filing Status Changed: 11/04/2009

Explanation for Other Group Market Type:

State Status Changed: 11/04/2009

Deemer Date:

Created By: SPI CompanionLife

Submitted By: SPI CompanionLife

Corresponding Filing Tracking Number:

Filing Description:

Companion Life Insurance Company hereby files for your approval the above forms. The forms are new riders that are specifically designed to provide additional benefits to employer health benefit plans with 51 or more employees. This requirement is pursuant to the federal Mental Health Parity and Addiction Equity Act of 2008 (Public Law 110-343) for employer health plans beginning on and after October 3, 2009.

The riders will be marketed by a licensed agent with our Group Life and Health Insurance Policy Form MMP 2050 previously approved in your state. The riders will not replace any previously approved riders. The effective date of this filing will be upon your approval.

SERFF Tracking Number: CMLX-126368602 State: Arkansas  
 Filing Company: Companion Life Insurance Company State Tracking Number: 43968  
 Company Tracking Number: HH AR0008601F01  
 TOI: H14G Group Health - Hospital Indemnity Sub-TOI: H14G.000 Health - Hospital Indemnity  
 Product Name: HIEM01GR09  
 Project Name/Number: HIEM01GR09/HH AR0008601F01

## Company and Contact

### Filing Contact Information

Yolanda Hudley, Contracts Compliance Specialist  
 7909 Parklane Rd  
 Columbia, SC 29223-5666  
 Yolanda.Hudley@companiongroup.com  
 803-735-1251 [Phone] 45001 [Ext]  
 800-836-5433 [FAX]

### Filing Company Information

Companion Life Insurance Company  
 7909 Parklane Rd, Suite 200  
 Columbia, SC 29223-5666  
 (803) 735-1251 ext. [Phone]  
 -----  
 CoCode: 77828 State of Domicile: South Carolina  
 Group Code: 661 Company Type:  
 Group Name: Companion Life Insurance Company State ID Number:  
 FEIN Number: 57-0523959

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$40.00  
 Retaliatory? No  
 Fee Explanation:  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Companion Life Insurance Company	\$40.00	11/03/2009	31748184

SERFF Tracking Number: CMLX-126368602 State: Arkansas  
Filing Company: Companion Life Insurance Company State Tracking Number: 43968  
Company Tracking Number: HH AR0008601F01  
TOI: H14G Group Health - Hospital Indemnity Sub-TOI: H14G.000 Health - Hospital Indemnity  
Product Name: HIEM01GR09  
Project Name/Number: HIEM01GR09/HH AR0008601F01

## Correspondence Summary

### Dispositions

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

SERFF Tracking Number: CMLX-126368602 State: Arkansas  
Filing Company: Companion Life Insurance Company State Tracking Number: 43968  
Company Tracking Number: HH AR0008601F01  
TOI: H14G Group Health - Hospital Indemnity Sub-TOI: H14G.000 Health - Hospital Indemnity  
Product Name: HIEM01GR09  
Project Name/Number: HIEM01GR09/HH AR0008601F01

## Disposition

Disposition Date: 11/04/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: CMLX-126368602 State: Arkansas  
 Filing Company: Companion Life Insurance Company State Tracking Number: 43968  
 Company Tracking Number: HH AR0008601F01  
 TOI: H14G Group Health - Hospital Indemnity Sub-TOI: H14G.000 Health - Hospital Indemnity  
 Product Name: HIEM01GR09  
 Project Name/Number: HIEM01GR09/HH AR0008601F01

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	AR - NAIC TRANSMITTAL DOCUMENT, AR - NAIC FORM FILING ATTACHMENT	Approved-Closed	Yes
Form	Indemnity Benefit for Mental Illness	Approved-Closed	Yes
Form	Indemnity Benefit for Substance Abuse	Approved-Closed	Yes

SERFF Tracking Number: CMLX-126368602 State: Arkansas  
 Filing Company: Companion Life Insurance Company State Tracking Number: 43968  
 Company Tracking Number: HH AR0008601F01  
 TOI: H14G Group Health - Hospital Indemnity Sub-TOI: H14G.000 Health - Hospital Indemnity  
 Product Name: HIEM01GR09  
 Project Name/Number: HIEM01GR09/HH AR0008601F01

## Form Schedule

### Lead Form Number:

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 11/04/2009	MMPMI 2050 LG	Certificate	Indemnity Benefit for Initial Mental Illness Amendments, Insert Page, Endorsement or Rider	Initial		0.000	MMPMI 2050 LG.PDF
Approved-Closed 11/04/2009	MMPSA 2050 LG	Certificate	Indemnity Benefit for Initial Substance Abuse Amendments, Insert Page, Endorsement or Rider	Initial		0.000	MMPSA 2050 LG.PDF

**COMPANION LIFE INSURANCE COMPANY**  
**Columbia, South Carolina 29223**

Effective Date: \_\_\_\_\_  
(if different from Certificate)

**INDEMNITY BENEFIT FOR MENTAL ILLNESS**

The Policy/Certificate to which this Rider is attached is hereby amended to include a new benefit as follows:

**Indemnity Benefit for Mental Illness**

[If a Covered Person, while insured, is Confined in a Hospital as a result of Mental Illness, the Company will pay the Daily In-Hospital Indemnity Benefit amount, as shown in the Schedule for each day of Confinement. The Company will pay up to the Maximum Number of Days of Confinement for Mental Illness, as shown in the Schedule. No benefit will be paid during any period the Covered Person is not under the regular care and attendance of a Physician.]

[If a Covered Person, while insured, is Confined in a Hospital Intensive Care Unit as a result of Mental Illness, the Company will pay the Hospital Intensive Care Unit Benefit amount up to [\$400 per day for up to 15 days]. If the covered person is confined in a Hospital Intensive Care Unit and is confined to a hospital intensive care unit again within 90 days for the same or related condition, it will be treated as a continuation of the prior confinement. If more than 90 days have passed between the periods of confinement in a Hospital Intensive Care Unit, it will be treated as a new confinement. The Hospital Intensive Care Unit Confinement and Hospital Confinement benefit will not be paid concurrently.]

[If a Covered Person, while insured, has a covered surgery performed as a result of Mental Illness, the Company will pay the Surgical Indemnity Benefit amount, as shown in the Schedule. This amount is based on the Payment Factor amount, as shown in the Schedule of Surgical Indemnity Benefits; times the number of Surgical Procedure Units, as shown in the Schedule.]

[If a Covered Person, while insured, has a covered surgery performed as a result of Mental Illness and the Surgical Indemnity Benefit is payable, the Company will pay the anesthesia Indemnity Benefit amount, as shown in the Schedule for the administration of anesthesia.]

[If a Covered Person, while insured, has Outpatient Physician Office Visits as a result of Sickness or Accident due to Mental Illness, the Company will pay the amount, as shown in the Schedule, not to exceed the Maximum Number of Office Visits per Calendar Year, as shown in the Schedule.]

[If a Covered Person, while insured, has Outpatient Diagnostic X-Ray and Laboratory tests performed as a result of Mental Illness, the Company will pay the Outpatient Diagnostic X-Ray and Laboratory benefit, as shown in the Schedule. This benefit is limited to once per day of testing, not to exceed the Maximum Number of Testing Days per Calendar Year, as shown in the Schedule. These include tests that show a need for treatment or that is made because of definite symptoms of Mental Illness.]

[If a Covered Person, while insured, needs Outpatient Prescription Drugs as a result of Mental Illness, the Company will pay the benefit, as shown in the Schedule for each prescription filled for a Covered Person. This benefit is subject to the Outpatient Prescription Drug Indemnity Benefit Maximums, as shown in the Schedule.]

[If a Covered Person, while insured, is admitted to a Hospital as a registered patient for a period of 24 consecutive hours or longer due to an Accident or Sickness as a result of Mental Illness, the Company will pay the Initial benefit shown in the Schedule. This benefit is limited to the maximum number of confinements per Calendar Year as shown in the Schedule. No benefit will be paid during any period the Covered Person is not under the regular care and attendance of a Physician.]

[If a Covered Person, while insured, has Emergency Room Visits that result from a Sickness due to Mental Illness that are Medically Necessary and are provided on an Emergency basis that do not result in Hospital Confinement, the Company will pay the benefit amount, as shown in the Schedule. The Company will pay up to the Maximum Number of Visits, as shown in the Schedule. No benefit will be paid during any period the Covered Person is not under the regular care and attendance of a Physician.]

[If a Covered Person, while insured, requires the use of Ground Ambulance Service for transportation to or from a Hospital as a result of Accident or Sickness due to Mental Illness, the Company will pay the benefit, as shown in the Schedule. Air ambulance transportation will be payable only if medically necessary and the nearest facility equipped to handle the Covered Person's Accident or Sickness. The Company will pay up to the Maximum Number of Trips, as shown in the Schedule.]

[If a Covered Person, while insured, has an Outpatient Surgical Procedure performed as a result of Mental Illness, the Company will pay the benefit for charges made by an Outpatient Surgical facility, including a hospital ambulatory surgery center, provided the Covered Person is not admitted to the hospital, as shown in the Schedule. Benefits will be paid for services and supplies such as the cost of the operating room, laboratory tests and X-ray examinations, including professional fees, drugs or medicines, and supplies. No benefit will be paid during any period the Covered Person is not under the regular care and attendance of a Physician.]

[If a Covered Person, while insured, is Confined in a Skilled Nursing Facility as a result of Mental Illness, the Company will pay the benefit amount, as shown in the Schedule, for each day of Confinement, up to the Maximum Number of Days of Confinement. No benefit will be paid during any period the Covered Person is not under the regular care and attendance of a Physician.]

Any exclusion or limitation in the policy/certificate relating to mental illness will be disregarded to the extent that it is inconsistent with this benefit.

"Mental Illness" shall be defined as any Sickness which is:

- (a) listed in the current edition of the Diagnostic and Statistical Manual of Mental Health Disorders (or any successor diagnostic manual) published by the American Psychiatric Association; and
- (b) usually treated by a mental health provider or other qualified provider, using psychotherapy, psychotropic drugs or other similar methods of Treatment.

Mental Illness includes any such conditions whether or not related to an underlying physical, genetic, chemical, organic or biological cause, although it may be associated with physical symptoms, manifestations or expressions. Specific conditions include but are not limited to: bipolar disorder; depression and depressive disorders; psychoses; mood disorders; manic-depressive illness; anxiety disorders; stress disorders including post-traumatic stress disorders; somatoform disorders; factitious disorders; eating disorders; adjustment disorders; and personality disorders. However, for purposes of the Policy, Mental Illness does not include mental retardation or Alzheimer's disease and other forms of dementia with an objectifiable organic basis.

This Rider only applies if it is elected and the required premiums are paid. This Rider is subject to all of the provisions of the Policy/Certificate as long as this Rider does not amend them. This Rider will terminate on the same date as the Policy/Certificate to which it is attached.



---

President

**COMPANION LIFE INSURANCE COMPANY**  
**Columbia, South Carolina 29223**

Effective Date: \_\_\_\_\_  
(if different from Certificate)

**INDEMNITY BENEFIT FOR SUBSTANCE ABUSE**

The Policy/Certificate to which this Rider is attached is hereby amended to include a new benefit as follows:

**Indemnity Benefit for Substance Abuse**

[If a Covered Person, while insured, is Confined in a Hospital as a result of Substance Abuse, the Company will pay the Daily In-Hospital Indemnity Benefit amount, as shown in the Schedule for each day of Confinement. The Company will pay up to the Maximum Number of Days of Confinement for Substance Abuse, as shown in the Schedule. No benefit will be paid during any period the Covered Person is not under the regular care and attendance of a Physician.]

[If a Covered Person, while insured, is Confined in a Hospital Intensive Care Unit as a result of Substance Abuse, the Company will pay the Intensive Care Benefit amount up to [\$400 per day for up to 15 days]. If the covered person is confined in a Hospital Intensive Care Unit and is confined to a hospital intensive care unit again within 90 days for the same or related condition, it will be treated as a continuation of the prior confinement. If more than 90 days have passed between the periods of confinement in a Hospital Intensive Care Unit, it will be treated as a new confinement. The Hospital Intensive Care Unit Confinement and Hospital Confinement benefit will not be paid concurrently.]

[If a Covered Person, while insured, has a covered surgery performed as a result of Substance Abuse, the Company will pay the Surgical Indemnity Benefit amount, as shown in the Schedule. This amount is based on the Payment Factor amount, as shown in the Schedule of Surgical Indemnity Benefits; times the number of Surgical Procedure Units, as shown in the Schedule.]

[If a Covered Person, while insured, has a covered surgery performed as a result of Substance Abuse and the Surgical Indemnity Benefit is payable, the Company will pay the anesthesia Indemnity Benefit amount, as shown in the Schedule for the administration of anesthesia.]

[If a Covered Person, while insured, has Outpatient Physician Office Visits as a result of Sickness or Accident due to Substance Abuse, the Company will pay the amount, as shown in the Schedule, not to exceed the Maximum Number of Office Visits per Calendar Year, as shown in the Schedule.]

[If a Covered Person, while insured, has Outpatient Diagnostic X-Ray and Laboratory tests performed as a result of Substance Abuse, the Company will pay the Outpatient Diagnostic X-Ray and Laboratory benefit, as shown in the Schedule. This benefit is limited to once per day of testing, not to exceed the Maximum Number of Testing Days per Calendar Year, as shown in the Schedule. These include tests that show a need for treatment or that is made because of definite symptoms of Substance Abuse.]

[If a Covered Person, while insured, needs Outpatient Prescription Drugs as a result of Substance Abuse, the Company will pay the benefit, as shown in the Schedule for each prescription filled for a Covered Person. This benefit is subject to the Outpatient Prescription Drug Indemnity Benefit Maximums, as shown in the Schedule.]

[If a Covered Person, while insured, is admitted to a Hospital as a registered patient for a period of 24 consecutive hours or longer due to an Accident or Sickness as a result of Substance Abuse, the Company will pay the Initial benefit shown in the Schedule. This benefit is limited to the maximum number of confinements per Calendar Year as shown in the Schedule. No benefit will be paid during any period the Covered Person is not under the regular care and attendance of a Physician.]

[If a Covered Person, while insured, has Emergency Room Visits that result from a Sickness due to Substance Abuse that are Medically Necessary and are provided on an Emergency basis that do not result in Hospital Confinement, the Company will pay the benefit amount, as shown in the Schedule. The Company will pay up to the Maximum Number of Visits, as shown in the Schedule. No benefit will be paid during any period the Covered Person is not under the regular care and attendance of a Physician.]

[If a Covered Person, while insured, requires the use of Ground Ambulance Service for transportation to or from a Hospital as a result of Accident or Sickness due to Substance Abuse, the Company will pay the benefit, as shown in the Schedule. Air ambulance transportation will be payable only if medically necessary and the nearest facility equipped to handle the Covered Person's Accident or Sickness. The Company will pay up to the Maximum Number of Trips, as shown in the Schedule.]

[If a Covered Person, while insured, has an Outpatient Surgical Procedure performed as a result of Substance Abuse, the Company will pay the benefit for charges made by an Outpatient Surgical facility, including a hospital ambulatory surgery center, provided the Covered Person is not admitted to the hospital, as shown in the Schedule. Benefits will be paid for services and supplies such as the cost of the operating room, laboratory tests and X-ray examinations, including professional fees, drugs or medicines, and supplies. No benefit will be paid during any period the Covered Person is not under the regular care and attendance of a Physician.]

[If a Covered Person, while insured, is Confined in a Skilled Nursing Facility as a result of Substance Abuse, the Company will pay the benefit amount, as shown in the Schedule, for each day of Confinement, up to the Maximum Number of Days of Confinement. No benefit will be paid during any period the Covered Person is not under the regular care and attendance of a Physician.]

Any exclusion or limitation in the policy/certificate relating to substance abuse will be disregarded to the extent that it is inconsistent with this benefit.

“Substance Abuse” shall be defined as Alcoholism, or the non-medical use of narcotics, sedatives, stimulants, hallucinogens, or any other such substance, whether or not prescribed by a Physician.

This Rider only applies if it is elected and the required premiums are paid. This Rider is subject to all of the provisions of the Policy/Certificate as long as this Rider does not amend them. This Rider will terminate on the same date as the Policy/Certificate to which it is attached.

A handwritten signature in black ink, appearing to read "Sebastian D. [unclear]", written in a cursive style.

---

President

SERFF Tracking Number: CMLX-126368602 State: Arkansas  
 Filing Company: Companion Life Insurance Company State Tracking Number: 43968  
 Company Tracking Number: HH AR0008601F01  
 TOI: H14G Group Health - Hospital Indemnity Sub-TOI: H14G.000 Health - Hospital Indemnity  
 Product Name: HIEM01GR09  
 Project Name/Number: HIEM01GR09/HH AR0008601F01

## Supporting Document Schedules

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b>	Flesch Certification	Approved-Closed	11/04/2009
<b>Bypass Reason:</b>	Not Applicable, Filing of Riders only		
<b>Comments:</b>			

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b>	Application	Approved-Closed	11/04/2009
<b>Bypass Reason:</b>	Application previously approved, MMA 2080 SA 9/11/02, MME 2070 9/1102		
<b>Comments:</b>			

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b>	AR - NAIC TRANSMITTAL DOCUMENT, AR - NAIC FORM FILING ATTACHMENT	Approved-Closed	11/04/2009
<b>Comments:</b>			
<b>Attachments:</b>	AR - NAIC TRANSMITTAL DOCUMENT.PDF		
	AR - NAIC FORM FILING ATTACHMENT.PDF		

**Life, Accident & Health, Annuity, Credit Transmittal Document**

<b>1.</b>	<b>Prepared for the State of</b>	Arkansas
-----------	----------------------------------	----------

<b>2.</b>	<b>Department Use Only</b>	
	<b>State Tracking ID</b>	

3. Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
Companion Life Insurance Company 7909 Parklane Rd, Suite 200 Columbia SC 29223-5666	SC		0661	77828	57-0523959	

4. Contact Name & Address	Telephone #	Fax #	E-mail Address
Yolanda K. Hudley 7909 Parklane Rd Columbia SC 29223-5666	800-753-0404 Ext. 45001	800-836-5433	Yolanda.Hudley@companiongroup.com

<b>5. Requested Filing Mode</b>	<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): _____
---------------------------------	--

<b>6. Company Tracking Number</b>	HH AR0008601F01
-----------------------------------	-----------------

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

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

<b>9. Type of Insurance</b>	H14G Group Health - Hospital Indemnity
-----------------------------	--

<b>10. Product Coding Matrix Filing Code</b>	H14G.000 Health - Hospital Indemnity
--	--------------------------------------

<b>11. Submitted Documents</b>	<input checked="" type="checkbox"/> <b>FORMS</b> <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application/Enrollment <input checked="" type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other: _____
	<input type="checkbox"/> <b>RATES</b> <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate
	<input type="checkbox"/> <b>FILING OTHER THAN FORM OR RATE:</b> Please explain: _____
	<b>SUPPORTING DOCUMENTATION</b> <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.	<b>Filing Submission Date</b>	11/03/09
13.	<b>Filing Fee (If required)</b>	Amount _____ Check Date _____ Retaliatory <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Check Number _____
14.	<b>Date of Domiciliary Approval</b>	NA
15.	<b>Filing Description:</b>	
<p>Companion Life Insurance Company hereby files for your approval the above forms. The forms are new riders that are specifically designed to provide additional benefits to employer health benefit plans with 51 or more employees. This requirement is pursuant to the federal Mental Health Parity and Addiction Equity Act of 2008 (Public Law 110-343) for employer health plans beginning on and after October 3, 2009.</p> <p>The riders will be marketed by a licensed agent with our Group Life and Health Insurance Policy Form MMP 2050 previously approved in your state. The riders will not replace any previously approved riders. The effective date of this filing will be upon your approval.</p>		

16.	<b>Certification (If required)</b>	
<p><b>I HEREBY CERTIFY</b> 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>Yolanda K. Hudley</u> Title <u>Contracts Compliance Specialist</u></p>		
<p>Signature <u></u> Date <u>11/03/09</u></p>		

<b>17.</b>	<b>Form Filing Attachment</b>	
<b>This filing transmittal is part of company tracking number</b>	HH AR0008601F01	
<b>This filing corresponds to rate filing company tracking number</b>		

	<b>Document Name</b>	<b>Form Number</b>		<b>Replaced Form Number</b>
	<b>Description</b>			<b>Previous State Filing Number</b>
01	Indemnity Benefit for Mental Illness To provide additional benefits	MMPMI 2050 LG	<input checked="" type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
02	Indemnity Benefit for Substance Abuse To provide additional benefits	MMPSA 2050 LG	<input checked="" type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
03			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
04			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
05			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
06			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
07			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
08			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
09			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
10			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
11			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	