

SERFF Tracking Number: HUMA-126377394 State: Arkansas
Filing Company: Humana Insurance Company State Tracking Number: 44028
Company Tracking Number:
TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001C Any Size Group - Other
Product Name: AR-71012-01 MAINT 11/2009 and GN-70156 EXC 11/2009
Project Name/Number: /

Filing at a Glance

Company: Humana Insurance Company

Product Name: AR-71012-01 MAINT 11/2009 and GN-70156 EXC 11/2009 SERFF Tr Num: HUMA-126377394 State: Arkansas

TOI: H16G Group Health - Major Medical SERFF Status: Closed-Approved- Closed State Tr Num: 44028

Sub-TOI: H16G.001C Any Size Group - Other Co Tr Num: State Status: Approved-Closed
Filing Type: Form Reviewer(s): Rosalind Minor

Author: Latunia Riley Disposition Date: 11/13/2009

Date Submitted: 11/10/2009 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 11/13/2009

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Group Market Type: Association

Explanation for Other Group Market Type:

State Status Changed: 11/13/2009

Created By: Latunia Riley

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Latunia Riley

Filing Description:

New Maintenance Filing

Company and Contact

Filing Contact Information

Latunia Riley, Contract Analyst

lriley2@humana.com

2 Riverwood Place

262-951-2617 [Phone]

W24133 Riverwood Dr.

SERFF Tracking Number: HUMA-126377394 State: Arkansas
 Filing Company: Humana Insurance Company State Tracking Number: 44028
 Company Tracking Number:
 TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001C Any Size Group - Other
 Product Name: AR-71012-01 MAINT 11/2009 and GN-70156 EXC 11/2009
 Project Name/Number: /

Suite 250
 Waukesha, WI 53188

Filing Company Information

Humana Insurance Company	CoCode: 73288	State of Domicile: Wisconsin
1100 Employers Boulevard	Group Code: 119	Company Type: Life & Health
Green Bay, WI 54344	Group Name:	State ID Number:
(800) 558-4444 ext. [Phone]	FEIN Number: 39-1263473	

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Humana Insurance Company	\$50.00	11/10/2009	31929907

SERFF Tracking Number: HUMA-126377394 State: Arkansas
Filing Company: Humana Insurance Company State Tracking Number: 44028
Company Tracking Number:
TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001C Any Size Group - Other
Product Name: AR-71012-01 MAINT 11/2009 and GN-70156 EXC 11/2009
Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	11/13/2009	11/13/2009

SERFF Tracking Number: HUMA-126377394 State: Arkansas
Filing Company: Humana Insurance Company State Tracking Number: 44028
Company Tracking Number:
TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001C Any Size Group - Other
Product Name: AR-71012-01 MAINT 11/2009 and GN-70156 EXC 11/2009
Project Name/Number: /

Disposition

Disposition Date: 11/13/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: HUMA-126377394 State: Arkansas
 Filing Company: Humana Insurance Company State Tracking Number: 44028
 Company Tracking Number:
 TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001C Any Size Group - Other
 Product Name: AR-71012-01 MAINT 11/2009 and GN-70156 EXC 11/2009
 Project Name/Number: /

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Cover Letter	Approved-Closed	Yes
Supporting Document	Signed NAIC Transmittal Document	Approved-Closed	Yes
Supporting Document	Statement of Variabilty	Approved-Closed	Yes
Form	Arkansas Rider	Approved-Closed	Yes
Form	Exclusion Rider	Approved-Closed	Yes

SERFF Tracking Number: HUMA-126377394 State: Arkansas
 Filing Company: Humana Insurance Company State Tracking Number: 44028
 Company Tracking Number:
 TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001C Any Size Group - Other
 Product Name: AR-71012-01 MAINT 11/2009 and GN-70156 EXC 11/2009
 Project Name/Number: /

Form Schedule

Lead Form Number: AR-7012-01 MAINT 11/2009

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 11/13/2009	AR-71012-01 MAINT 11/2009	Policy/Cont ract/Fratern al	Arkansas Rider	Initial		48.600	AR 71012-01 MAINT 11- 2009 Certificate Rider.pdf
Approved-Closed 11/13/2009	GN-70156 EXC 4/2010	Policy/Cont ract/Fratern al	Exclusion Rider	Initial		42.300	Exclusion Rider.GN- 70156.pdf
		Certificate: Amendmen t, Insert Page, Endorseme nt or Rider					
		Certificate: Amendmen t, Insert Page, Endorseme nt or Rider					

ARKANSAS RIDER

HUMANA INSURANCE COMPANY

Policyholder: [ABC Association]
Primary Insured: [John Doe]
Policy Number: [12345]
Effective Date: [XX,XX,XXXX]

This rider is attached to and made part of the *certificate* to which it is attached. Except as modified below, all *certificate* terms, conditions, exclusions and limitations apply.

Schedule

The first paragraph in the **Schedule** is replaced with the following:

Your certificate refers to various dollar and percentage amounts, as well as other benefit information that may be specific to the *covered person(s)*. This "Schedule of Benefits" summarizes benefit information and the date these benefits take effect. *You* selected some of these benefits when *you* applied for this plan. As *your* needs change over the time *you* own this *certificate*, *you* may change some of these benefits without replacing or purchasing an entirely new plan.

Changes to the Policy

The second bullet in the **Adding Dependents** provision in the **Changes to the Certificate** section is replaced with the following:

A dependent, not falling under the previous paragraph must apply to be added as a *covered person* and be accepted by *us*. [A *dependent* child is eligible to apply if they are under age [25].] If accepted, the *covered person* will be covered on the date *we* specify. *Pre-existing condition limitations will apply.*

Termination Rights

The following is added to the **Reasons We Will Terminate a Covered Person** provision in the **Termination Rights** section:

- *A dependent* child's [31st] birthday. The limiting age for each child to be considered a *dependent* under this *certificate* is the child's [31st] birthday.

ARKANSAS RIDER

Policy Definitions

The following replaces the definition of **Dependent** in its entirety:

Dependent means *your* legally recognized spouse; *your* unmarried natural child, step-child, or legally adopted child whose age is less than the limiting age; an unmarried child whose age is less than the limiting age and for whom *you* have received a court or administrative order to provide coverage; or *your* adult child who meets the following conditions:

- Is beyond the limiting age of a child;
- Is unmarried;
- Is either mentally retarded or permanently physically handicapped; and
- Incapable of self-sustaining employment.

Each child, other than the child who qualifies because of a court or administrative order, must meet all of the qualifications of a *dependent* as determined by *us*.

Dependent does not mean a:

- Grandchild, unless such child is born to a *dependent* covered under this *certificate*;
- Great grandchild;
- Foster child; or
- Child who has not yet attained full legal age, but who has been declared by a court to be emancipated.

The limiting age for each child to be considered a *dependent* under this *certificate* is the child's [31st] birthday.

[Signature of Officer]
Typed Name of Officer
[Title of Officer]

EXCLUSION RIDER

HUMANA INSURANCE COMPANY

Policyholder: [ABC Corporation]

Certificate Number: [12345]

Primary insured: [John Doe]

This rider should be attached to and made a part of *your Certificate*.

[I hereby agree for the following person that no coverage is provided for the condition(s) and/or activity(ies) listed below, effective [xx/xx/xx]:] [I hereby agree to the following change(s) listed below, effective [xx/xx/xx]:]

Name: [_____] Date of Birth: _____]

[Condition(s) and/or activity(ies):]

[_____]

[_____]

I hereby acknowledge that I have read and understand the above statements. If future consideration of removal of this rider is available, it will require completion of an enrollment form and underwriting approval.

Date: [_____] *Primary insured's* signature: _____ /s/
[Primary applicant or parent/guardian of minor]

[Date: [_____]][Spouse's signature:][_____ /s/]
[2244]

[Signature of Officer]
[Typed Name of Officer]
[Title of officer]

SERFF Tracking Number: HUMA-126377394 State: Arkansas
 Filing Company: Humana Insurance Company State Tracking Number: 44028
 Company Tracking Number:
 TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001C Any Size Group - Other
 Product Name: AR-71012-01 MAINT 11/2009 and GN-70156 EXC 11/2009
 Project Name/Number: /

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	11/13/2009
Comments:		
Attachment: Certificate of Readability.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application	Approved-Closed	11/13/2009
Bypass Reason: Not Applicable		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Cover Letter	Approved-Closed	11/13/2009
Comments:		
Attachment: AR Signed Cover.pdf		

	Item Status:	Status Date:
Satisfied - Item: Signed NAIC Transmittal Document	Approved-Closed	11/13/2009
Comments:		
Attachment: Signed NAIC Transmittal Doc.pdf		

	Item Status:	Status Date:
Satisfied - Item: Statement of Variabilty	Approved-Closed	11/13/2009
Comments:		
Attachment:		

SERFF Tracking Number: HUMA-126377394 *State:* Arkansas
Filing Company: Humana Insurance Company *State Tracking Number:* 44028
Company Tracking Number:
TOI: H16G Group Health - Major Medical *Sub-TOI:* H16G.001C Any Size Group - Other
Product Name: AR-71012-01 MAINT 11/2009 and GN-70156 EXC 11/2009
Project Name/Number: /
Statement of Variability _12-7-07_. Contract.pdf

CERTIFICATION

RE: AR-71012-01 MAINT 11/2009 and GN-70156 EXC 4/2010

I hereby certify, to the best of my knowledge and belief, that the enclosed form(s) comply(ies) with the requirements of Arkansas Insurance Code 23-80-206.

Form Number(s)

AR-71012-01 MAINT 11/2009

GN-70156 EXC 4/2010

Flesch Test Reading Ease Score

48.6

42.3



Signed by: _____

Steve DeRaleau
Vice President

Date: November 9, 2009

November 9, 2009

Life and Health Division
Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

**RE: Humana Insurance Company
Group Health Form Filing
Arkansas Riders: AR-71012-01 MAINT 11/2009 and GN-70156 EXC 11/2009
NAIC #73288
FEIN #39-1263473**

Via Electronic Submission (SERFF) HUMA#-126377394

Dear Sir/Madam:

We are enclosing the above-referenced forms for your review and approval. These forms are new and will not replace any previously filed or approved forms. These forms will be used with our Group Health policy series, form GN-71012-01 1-2008, et al. which was approved by your Department on January 8, 2009.

Rider AR-71012-01 MAINT 11/2009 is being filed to:

- Add an option to enhance eligibility for a covered dependent child by removing the student status requirement and increasing the limiting age to 31.

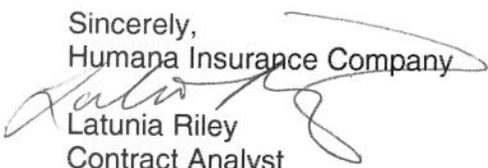
Rider GN-70156-01 EXC 4/2010 is being filed for general use with all approved certificate series.

Included with this submission is Included with this submission are:

- Readability Certification;
- NAIC Transmittal Document; and
- Statement of Variability.

If you have any questions regarding this filing, please contact me by phone at 1-800-289-0260, extension 2617, by fax at 920-632-0029 or by e-mail at lriley2@humana.com.

Sincerely,
Humana Insurance Company


Latunia Riley
Contract Analyst

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 #
	Humana Insurance Company N19 W24133 Riverwood Drive Ste 250 Waukesha, WI 53188	Wisconsin	Life, Accident & Health	119	73288	391263473	

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	Latunia Riley (Contract Analyst) Humana Insurance Company N19 W24133 Riverwood Drive Waukesha, WI 53188	800-289-0260 ext 2617	920-632-0029	lriley2@humana.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	AR-71012-01 MAINT 11/2009
-----------	--------------------------------	---------------------------

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

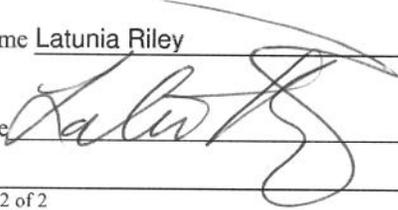
8.	Market	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise <input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input checked="" type="checkbox"/> Association <input type="checkbox"/> Blanket <input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

9.	Type of Insurance	H16G Group Health-Major Medical
-----------	--------------------------	---------------------------------

10.	Product Coding Matrix Filing Code	H16G.001A Any Size Group-PPO
------------	--	------------------------------

11.	Submitted Documents	<p>FORMS</p> <input checked="" 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
		<p>Rates</p> <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate
		<input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____
		<p>SUPPORTING DOCUMENTATION</p> <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Trust Agreements <input checked="" type="checkbox"/> Statement of Variability <input checked="" type="checkbox"/> Certifications <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other _____

12.	Filing Submission Date	11/09/2009	
13.	Filing Fee (If required)	Amount	\$50
		Check Date	EFT
		Retaliatory	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Check Number	
14.	Date of Domiciliary Approval	Forms unique to Arkansas	
15.	Filing Description:		
	See Cover Letter		
<div style="border: 1px solid black; padding: 5px; display: inline-block;">View Complete Filing Description</div>			

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>	
Print Name	<u>Latunia Riley</u>
Title	<u>Contract Analyst</u>
Signature	
Date:	<u>11-09-2009</u>

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number		AR-70129 MAINT 11/2009
This filing corresponds to rate filing company tracking number		N/A

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	Arkansas Certificate Rider	AR-71012-01MAINT 11/2009	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	N/A
	Arkansas Rider			
02	Exclusion Rider	GN-70156 EXC 4/2010	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	N/A
	Exclusion Rider			
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 _____	

LH FFA-1

18.		Rate Filing Attachment		
This filing transmittal is part of company tracking number				
This filing corresponds to form filing company tracking number		AR-71012-01 MAINT 11/2009		
Overall percentage rate indication (when applicable)		N/A		
Overall percentage rate impact for this filing		N/A %		
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
01			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	

LH RFA-1

Statement of Variability for Contract Forms

- All bracketed numbers are variable. Numbers within a section or provision are determined by the laws of the governing jurisdiction and will be varied only within the confines of the law.
- Bracketed paragraphs vary to the extent that such paragraphs may be included, omitted or transferred to another page to suit the needs of a particular policyholder subject to: (a) any statutory or regulatory requirements; and (b) the condition that the language and benefit be within the intent and framework of the particular provisions.
- Bracketed sections vary to the extent that such sections may be included, omitted or transferred to another page to suit the needs of a particular policyholder subject to: (a) any statutory or regulatory requirements; and (b) the condition that the language and benefit be within the intent and framework of the particular product.
- Definitions may vary to the extent that such definition may be included, omitted or transferred to another page to suit the needs of a particular policyholder subject to: (a) any statutory or regulatory requirements; and (b) the condition that the language and benefit be within the intent and framework of the particular provisions.
- Product information, including items which customarily vary according to the policyholder's specific plan of insurance, is bracketed.

We also reserve the right to amend the attached form(s) to fix any minor clerical errors that may have unintentionally gone unnoticed prior to submitting for approval, and to amend the language to clarify the intent, all within the confines of the law.