

SERFF Tracking Number: HUMA-126377807 State: Arkansas
Filing Company: Humana Insurance Company State Tracking Number: 44027
Company Tracking Number:
TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001C Any Size Group - Other
Product Name: AR-71013-01 MAINT 11/2009
Project Name/Number: /

Filing at a Glance

Company: Humana Insurance Company

Product Name: AR-71013-01 MAINT 11/2009 SERFF Tr Num: HUMA-126377807 State: Arkansas
TOI: H16G Group Health - Major Medical SERFF Status: Closed-Approved- State Tr Num: 44027
Closed

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: 11/16/2009
Date Submitted: 11/10/2009 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: Status of Filing in Domicile:
Project Number: 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: Small and Large
Overall Rate Impact: Group Market Type: Association
Filing Status Changed: 11/16/2009 Explanation for Other Group Market Type:
State Status Changed: 11/16/2009
Deemer Date: Created By: Latunia Riley
Submitted By: Latunia Riley Corresponding Filing Tracking Number:
Filing Description:
New Maintenance Filing

Company and Contact

Filing Contact Information

Latunia Riley, Contract Analyst Iriley2@humana.com
2 Riverwood Place 262-951-2617 [Phone]
W24133 Riverwood Dr.
Suite 250

SERFF Tracking Number: HUMA-126377807 State: Arkansas
 Filing Company: Humana Insurance Company State Tracking Number: 44027
 Company Tracking Number:
 TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001C Any Size Group - Other
 Product Name: AR-71013-01 MAINT 11/2009
 Project Name/Number: /
 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: \$25.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Humana Insurance Company	\$25.00	11/10/2009	31931525

SERFF Tracking Number: HUMA-126377807

State: Arkansas

Filing Company: Humana Insurance Company

State Tracking Number: 44027

Company Tracking Number:

TOI: H16G Group Health - Major Medical

Sub-TOI: H16G.001C Any Size Group - Other

Product Name: AR-71013-01 MAINT 11/2009

Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	11/16/2009	11/16/2009

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	11/13/2009	11/13/2009	Latunia Riley	11/16/2009	11/16/2009

SERFF Tracking Number: HUMA-126377807

State: Arkansas

Filing Company: Humana Insurance Company

State Tracking Number: 44027

Company Tracking Number:

TOI: H16G Group Health - Major Medical

Sub-TOI: H16G.001C Any Size Group - Other

Product Name: AR-71013-01 MAINT 11/2009

Project Name/Number: /

Disposition

Disposition Date: 11/16/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: HUMA-126377807

State: Arkansas

Filing Company: Humana Insurance Company

State Tracking Number: 44027

Company Tracking Number:

TOI: H16G Group Health - Major Medical

Sub-TOI: H16G.001C Any Size Group - Other

Product Name: AR-71013-01 MAINT 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	Statement of Variability	Approved-Closed	Yes
Supporting Document	Cover Letter	Approved-Closed	Yes
Supporting Document	Transmittal Document	Approved-Closed	Yes
Form (revised)	Arkansas Rider	Approved-Closed	Yes
Form	Arkansas Rider	Replaced	Yes

SERFF Tracking Number: HUMA-126377807 State: Arkansas
Filing Company: Humana Insurance Company State Tracking Number: 44027
Company Tracking Number:
TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001C Any Size Group - Other
Product Name: AR-71013-01 MAINT 11/2009
Project Name/Number: /

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 11/13/2009
Submitted Date 11/13/2009

Respond By Date
Dear Latunia Riley,

This will acknowledge receipt of the captioned filing.

Objection 1

- Arkansas Rider, AR-7013-01MAINT 11/2009 (Form)

Comment:

Coverage for newborn infants must be for at least 90 days as outlined under ACA 23-79-129 and Bulletin 3-75 (revised).

Objection 2

- Arkansas Rider, AR-7013-01MAINT 11/2009 (Form)

Comment:

Please refer to ACA 23-79-137 and the 60-day period for coverage for minors for whom the insured has filed a petition to adopt.

Please feel free to contact me if you have questions.

Sincerely,
Rosalind Minor

Response Letter

Response Letter Status Submitted to State
Response Letter Date 11/16/2009
Submitted Date 11/16/2009

Dear Rosalind Minor,

Comments:

November 16, 2009

Life and Health Division
Arkansas Department of Insurance

SERFF Tracking Number: HUMA-126377807 State: Arkansas
Filing Company: Humana Insurance Company State Tracking Number: 44027
Company Tracking Number:
TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001C Any Size Group - Other
Product Name: AR-71013-01 MAINT 11/2009
Project Name/Number: /
1200 West Third Street
Little Rock, AR 72201-1904

RE: GROUP HEALTH INSURANCE FORM FILING
HUMANA INSURANCE COMPANY
LIMITED BENEFIT HEALTH INSURANCE (SHORT TERM MEDICAL)
POLICY SERIES: AR-71013-01 MAINT 11/2009
NAIC #73288
FEIN #39-1263473

Dear Ms Minor:

This letter is in response to your Objection Letter dated November 13, 2009 concerning the above noted filing. I will respond to your concerns utilizing the SERFF Tracking number for easy reference.

Response 1

Comments: HUMA- 126377807 (Objection 1)

In regards to your objection that coverage for newborn infants must be for at least 90 days as outlined in ACA 23-79-129 and Bulletin 3-75 has been revised in the seventh paragraph in Dependents provision of the Definitions section.

Related Objection 1

Applies To:

- Arkansas Rider, AR-7013-01MAINT 11/2009 (Form)

Comment:

Coverage for newborn infants must be for at least 90 days as outlined under ACA 23-79-129 and Bulletin 3-75 (revised).

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form	Edition	Form Type	Action	Action	Readability Attach
-----------	------	---------	-----------	--------	--------	--------------------

SERFF Tracking Number: HUMA-126377807 State: Arkansas
 Filing Company: Humana Insurance Company State Tracking Number: 44027
 Company Tracking Number:
 TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001C Any Size Group - Other
 Product Name: AR-71013-01 MAINT 11/2009
 Project Name/Number: /

	Number	Date		Specific Data	Score	Document
Arkansas Rider	AR-7013-01MAINT	11/2009	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Initial	44.600	AR 71013-01 MAINT 11-2009.pdf
Previous Version						
Arkansas Rider	AR-7013-01MAINT	11/2009	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Initial	44.600	AR 71013-01 MAINT 11-2009.pdf

No Rate/Rule Schedule items changed.

Response 2

Comments: (Objection 2)

In regards to your objection, that there is a 60-day period for coverage for minors for whom the insured has filed a petition to adopt has been satisfied to comply with ACA 23-79-137. This updated information can be located in the eighth paragraph in the Dependent provision of the Definitions section.

Related Objection 1

Applies To:

- Arkansas Rider, AR-7013-01MAINT 11/2009 (Form)

Comment:

Please refer to ACA 23-79-137 and the 60-day period for coverage for minors for whom the insured has filed a petition to adopt.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific	Readability Score	Attach Document
-----------	-------------	--------------	-----------	--------	-----------------	-------------------	-----------------

SERFF Tracking Number: HUMA-126377807 State: Arkansas
 Filing Company: Humana Insurance Company State Tracking Number: 44027
 Company Tracking Number:
 TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001C Any Size Group - Other
 Product Name: AR-71013-01 MAINT 11/2009
 Project Name/Number: /

			Data		
Arkansas Rider	AR-7013-01MAINT 11/2009	Policy/Contract/Fraternal Initial Certificate: Amendment, Insert Page, Endorsement or Rider	44.600	AR 71013-01 MAINT 11- 2009.pdf	
Previous Version					
Arkansas Rider	AR-7013-01MAINT 11/2009	Policy/Contract/Fraternal Initial Certificate: Amendment, Insert Page, Endorsement or Rider	44.600	AR 71013-01 MAINT 11- 2009.pdf	

No Rate/Rule Schedule items changed.

If you have 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

Enclosures

Sincerely,
 Latunia Riley

SERFF Tracking Number: HUMA-126377807

State: Arkansas

Filing Company: Humana Insurance Company

State Tracking Number: 44027

Company Tracking Number:

TOI: H16G Group Health - Major Medical

Sub-TOI: H16G.001C Any Size Group - Other

Product Name: AR-71013-01 MAINT 11/2009

Project Name/Number: /

Form Schedule

Lead Form Number: AR-71013-01 MAINT 11/2009

Schedule Item	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 11/16/2009	AR-7013-01MAINT 11/2009	Policy/Cont ract/Fraternal Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		44.600	AR 71013-01 MAINT 11-2009.pdf

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.

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.

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.

ARKANSAS RIDER

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

If *you* are the only *covered person* on this *certificate* as shown on the "Schedule of Benefits" on the *certificate effective date*, a *dependent* cannot be added after *your effective date*, except as permitted below for *your* first newborn child. If this *certificate* covers *your dependents*, as shown on the "Schedule of Benefits", on the *certificate effective date*, only a newborn or newly adopted child can be added as a *dependent* after *your effective date* subject to the requirements described below.

Your newborn child will be covered from the moment of birth only if the pregnancy is found by a *health care practitioner* to have begun after *your effective date* and *your dependents* are covered on the *effective date* of this *certificate*. We must receive written notice of the birth and any required premium within 90 days of the birth. If these requirements are not met, the newborn child will not be a *covered person* under this *certificate*. If *you* are the only *covered person* on this *certificate*, *your* first newborn child may be added to this *certificate* if we receive written notice of the birth and any required premium within 90 days of the birth. If these requirements are not met, the newborn child will not be a *covered person* under this *certificate*.

A newly adopted child can be added as a *dependent* from the moment of adoption or placement for adoption in *your* residence only if *your dependents* are covered under this *certificate* on the *effective date*. We must receive written notice of the adoption or placement for adoption of the child and any required premium within 60 days of the adoption or placement. If these requirements are not met, the adopted child will not be a *covered person* under this *certificate*.

Coverage for a newborn is outlined in the "Newborn Services" provision in the "Your Certificate Benefits" section. No benefits are payable for routine well baby care including *hospital* nursery charges at birth.

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

SERFF Tracking Number: HUMA-126377807

State: Arkansas

Filing Company: Humana Insurance Company

State Tracking Number: 44027

Company Tracking Number:

TOI: H16G Group Health - Major Medical

Sub-TOI: H16G.001C Any Size Group - Other

Product Name: AR-71013-01 MAINT 11/2009

Project Name/Number: /

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: Certificate of Readability.pdf	Approved-Closed	11/16/2009

	Item Status:	Status Date:
Bypassed - Item: Application Bypass Reason: Not Applicable, submitting a certificate rider Comments:	Approved-Closed	11/16/2009

	Item Status:	Status Date:
Satisfied - Item: Statement of Variability Comments: Attachment: Statement of Variability _12-7-07_. Contract.pdf	Approved-Closed	11/16/2009

	Item Status:	Status Date:
Satisfied - Item: Cover Letter Comments: Attachment: Signed Cover Letter.pdf	Approved-Closed	11/16/2009

	Item Status:	Status Date:
Satisfied - Item: Transmittal Document Comments: Attachment:	Approved-Closed	11/16/2009

SERFF Tracking Number: HUMA-126377807

State: Arkansas

Filing Company: Humana Insurance Company

State Tracking Number: 44027

Company Tracking Number:

TOI: H16G Group Health - Major Medical

Sub-TOI: H16G.001C Any Size Group - Other

Product Name: AR-71013-01 MAINT 11/2009

Project Name/Number: /

AR Signed Transmittal Document.pdf

CERTIFICATION

RE: AR-71013-01 MAINT 11/2009

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-71013-01 MAINT 11/2009

Flesch Test Reading Ease Score

44.6



Signed by: _____

Steve DeRaleau
Vice President

Date: November 9, 2009

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.

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 Rider: AR-71013-01 MAINT 11/2009
NAIC #73288
FEIN #39-1263473**

Via Electronic Submission (SERFF) HUMA#- 126377807

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-71013-01 1-2008, et al. which was approved by your Department on December 30, 2008.

Rider AR-71013-01 MAINT 11/2009 is being filed to:

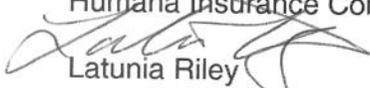
- Add an option to enhance eligibility for a covered dependent child by removing the student status requirement and increasing the limiting age to 31.

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

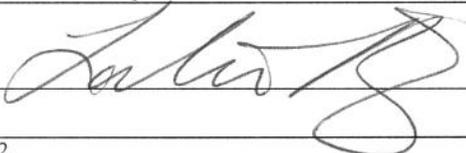

Latunia Riley
Contract Analyst

Reset Form

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-71013-01 MAINT 11/2009					
7.	<input checked="" type="checkbox"/> New Submission	<input type="checkbox"/> Resubmission	Previous file # _____				
8.	Market	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise Group: <input type="checkbox"/> Small <input type="checkbox"/> Large <input checked="" 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	<input checked="" type="checkbox"/> FORMS <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 <u>Rates</u> <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate <input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____ <u>SUPPORTING DOCUMENTATION</u> <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 <u> </u> \$25 Check Date <u> </u> EFT Retaliatory <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Check Number <u> </u>
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)	
	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> .	
	Print Name <u>Latunia Riley</u>	Title <u>Contract Analyst</u>
	Signature <u></u>	Date: <u>11-09-2009</u>

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number		AR-71013-01 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 Arkansas Rider	AR-71013-01 MAINT 11/2009	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	N/A
02			<input checked="" 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 _____	

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-71013-01 MAINT 11/2009		
Overall percentage rate indication (when applicable)		N/A		
Overall percentage rate impact for this filing		N/A %		
	Document Name Description	Affected Form Numbers		Previous State Filing Number
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

SERFF Tracking Number: HUMA-126377807 State: Arkansas
 Filing Company: Humana Insurance Company State Tracking Number: 44027
 Company Tracking Number:
 TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001C Any Size Group - Other
 Product Name: AR-71013-01 MAINT 11/2009
 Project Name/Number: /

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
11/10/2009	Form	Arkansas Rider	11/16/2009	AR 71013-01 MAINT 11-2009.pdf (Superseded)

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.

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.

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.

ARKANSAS RIDER

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

If *you* are the only *covered person* on this *certificate* as shown on the "Schedule of Benefits" on the *certificate effective date*, a *dependent* cannot be added after *your effective date*, except as permitted below for *your* first newborn child. If this *certificate* covers *your dependents*, as shown on the "Schedule of Benefits", on the *certificate effective date*, only a newborn or newly adopted child can be added as a *dependent* after *your effective date* subject to the requirements described below.

Your newborn child will be covered from the moment of birth only if the pregnancy is found by a *health care practitioner* to have begun after *your effective date* and *your dependents* are covered on the *effective date* of this *certificate*. We must receive written notice of the birth and any required premium within 31 days of the birth. If these requirements are not met, the newborn child will not be a *covered person* under this *certificate*. If *you* are the only *covered person* on this *certificate*, *your* first newborn child may be added to this *certificate* if we receive written notice of the birth and any required premium within 31 days of the birth. If these requirements are not met, the newborn child will not be a *covered person* under this *certificate*.

A newly adopted child can be added as a *dependent* from the moment of adoption or placement for adoption in *your* residence only if *your dependents* are covered under this *certificate* on the *effective date*. We must receive written notice of the adoption or placement for adoption of the child and any required premium within 31 days of the adoption or placement. If these requirements are not met, the adopted child will not be a *covered person* under this *certificate*.

Coverage for a newborn is outlined in the "Newborn Services" provision in the "Your Certificate Benefits" section. No benefits are payable for routine well baby care including *hospital* nursery charges at birth.

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