

SERFF Tracking Number: CAIC-126022502 State: Arkansas  
 Filing Company: Continental American Insurance Company State Tracking Number: 41453  
 Company Tracking Number: 7107  
 TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness  
 Limited Benefit  
 Product Name: CI Heart Rider AR  
 Project Name/Number: CI Heart Rider/7107

## Filing at a Glance

Company: Continental American Insurance Company

Product Name: CI Heart Rider AR SERFF Tr Num: CAIC-126022502 State: Arkansas  
 TOI: H07G Group Health - Specified Disease - SERFF Status: Closed-Approved- State Tr Num: 41453  
 Limited Benefit Closed  
 Sub-TOI: H07G.001 Critical Illness Co Tr Num: 7107 State Status: Approved-Closed  
 Filing Type: Form Reviewer(s): Rosalind Minor  
 Author: Ashley Gibson Disposition Date: 02/06/2009  
 Date Submitted: 02/05/2009 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: CI Heart Rider  
 Project Number: 7107  
 Requested Filing Mode: Review & Approval  
 Explanation for Combination/Other:  
 Submission Type: New Submission  
 Overall Rate Impact:  
 Filing Status Changed: 02/06/2009

Status of Filing in Domicile: Pending  
 Date Approved in Domicile:  
 Domicile Status Comments:  
 Market Type: Group  
 Group Market Size: Small and Large  
 Group Market Type: Employer  
 Explanation for Other Group Market Type:  
 State Status Changed: 02/06/2009  
 Created By: Ashley Gibson  
 Corresponding Filing Tracking Number: 7107

Deemer Date:

Submitted By: Ashley Gibson

Filing Description:

Please see attached submission letter.

## Company and Contact

### Filing Contact Information

Ashley Gibson, Compliance Analyst  
 2801 Devine Street  
 Columbia, SC 29205

companycompliance@caicworksite.com  
 888-730-2244 [Phone] 4362 [Ext]  
 803-929-4925 [FAX]



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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	02/06/2009	02/06/2009





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## Form Schedule

**Lead Form Number: CAI2838**

Schedule Item	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 02/06/2009	CAI2838	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Initial		41.000	CAI2838 2009 CI Heart rider.pdf



2801 Devine Street, Columbia, South Carolina 29205  
(800)433-3036

**HEART EVENT RIDER  
TO CERTIFICATE OF INSURANCE FOR SPECIFIED CRITICAL ILLNESS**

This rider is a part of the certificate to which it is attached. We have issued this rider to you because (1) you paid the additional premium for this rider; and/or (2) we relied on the application you made. Unless amended by this rider, Certificate Definitions, other Provisions and terms apply to this rider.

The Benefits provided in this rider amend any benefits shown in the base plan for the same conditions.

**Effective Date** - If issued at the same time as the certificate, this rider becomes effective when the certificate becomes effective. If issued after the certificate becomes effective, this rider will have a later Effective Date, which will be shown in the Rider Schedule issued with this rider.

**DEFINITIONS**

**Specified Critical Illness** means such illness shown in the Schedule and as defined in this rider.

**Waiting Period** means the number of days after the Effective Date before we will pay benefits for loss due to Specified Critical Illness. We won't pay benefits for a Specified Critical Illness which begins during the Waiting Period.

**Diagnosed/Diagnosis** means a definitive and unequivocal diagnosis made by a Physician: (1) based upon the use of clinical and/or laboratory investigations as supported by the Insured's medical records; and (2) meeting any Diagnostic Requirements set forth in the Certificate for the particular Critical Illness being diagnosed. For Benefit purposes, Date of Diagnosis means both the date the surgery or procedure occurs.

**Treatment** means consultation, care or services provided by a physician including diagnostic measures and surgical procedures.

**Actively At Work Requirement**

If an Insured is not actively at work on the last scheduled work day coincident with or preceding the date his insurance would otherwise become effective, insurance will not be effective until the date such Insured returns to and remains actively at work.

If an Eligible Dependent is unable to engage in the normal activities of a person in good health of like age and sex on the date the insurance would otherwise become effective, coverage will not be effective until the date such person is able to engage in the normal activities of a person in good health of like age and sex. [This will not apply to an Eligible Dependant Child who is incapable of self-sustaining employment by reason of mental or physical incapacity, and who is primarily dependent on the Insured for support and maintenance.]

## **BENEFIT DEFINITIONS**

### **Category I - Specified Surgeries of the Heart**

**Specified Surgeries of the Heart** "open heart surgery"– means undergoing open chest surgery, where the heart is *exposed* and/or *manipulated* for open cardiothoracic situations.

Benefits are paid for the following Open Heart Surgery procedures only:

1. **Coronary artery bypass surgery**, also coronary artery bypass graft surgery, or bypass surgery is a surgical procedure performed to relieve angina and reduce the risk of death from coronary artery disease.

**Off-pump coronary artery bypass (OPCAB)** is a form of bypass surgery that does not stop the heart or use the heart lung machine.

**Coronary Artery Bypass Grafting (CABG)** is used to treat a narrowing of the coronary arteries when the blockages are hard to reach or are too long or hard for angioplasty. A blood vessel, usually taken from the leg or chest, is grafted onto the blocked artery, creating a bypass around the blockage. If more than one artery is blocked, a bypass can be done on each but only one benefit is payable under this rider.

2. **Mitral valve replacement or repair:** a cardiac surgery procedure in which a patient's mitral valve is repaired or replaced by a different valve.
3. **Aortic valve replacement or repair:** a cardiac surgery procedure in which a patient's aortic valve is repaired or replaced by a different valve.
4. **Surgical Treatment of Abdominal aortic aneurysm:** To prevent aneurysm rupture. The operation consists of opening the abdomen, finding the aorta and removing (excising) the aneurysm. Abdominal aortic aneurysm is a ballooning or widening of the main artery (the aorta) as it courses down through the abdomen. At the point of the aneurysm, the aneurysm generally measures 3 cm or more in diameter.

**Category I Benefits exclude all procedures not specifically listed above, including procedures such as, but not limited to, angioplasty, laser relief, stents or other surgical and non-surgical procedures.**

### **Category II - Invasive, Procedures and Techniques of the Heart**

A Category II Benefit is paid for the following procedures only:

1. **AngioJet Clot Busting** used to clear blood clots from coronary arteries before angioplasty and stenting. The device delivers a high pressure saline solution through the artery to the clot, breaking it up and simultaneously drawing it out.
2. **Balloon Angioplasty (or Balloon valvuloplasty)** used to open a clogged blood vessel. A thin tube is threaded through an artery to the narrowed heart vessel, where a small balloon at its tip is inflated. A balloon opens the narrowing by compressing atherosclerotic plaque against the vessel wall. The balloon is then deflated and removed.
3. **Laser Angioplasty.** Similar to balloon angioplasty, a laser tip is used to burn/break down plaque in the clogged blood vessel.
4. **Atherectomy** used to open blocked coronary arteries or clear bypass grafts by using a device on the

end of a catheter to cut or shave away atherosclerotic plaque.

5. **Stent implantation.** Where a stainless steel mesh coil is implanted in a narrowed part of an artery to keep it propped open.
6. **Cardiac catheterization** (also called heart catheterization) is a diagnostic and occasionally therapeutic procedure that allows a comprehensive examination of the heart and surrounding blood vessels.
7. **Automatic Implantable (or Internal) Cardioverter Defibrillator (AICD).** Means the initial placement of the AICD. AICDs are used for treating irregular heartbeats. The defibrillator is surgically placed inside the patient's chest where it monitors the heart's rhythm. When it identifies a serious arrhythmia it produces an electrical shock to disrupt the arrhythmia.
8. **Pacemakers.** Means the initial placement of a pacemaker. Pacemakers are implanted to send electrical signals to make the heart beat when your heart's natural pacemaker is not working properly. This electrical device is placed under the skin. A lead extends from the device to the right side of the heart. Most pacemakers are used to correct a slow heart rate.

Subject to the re-occurrence benefit in the base plan, only one Category II benefit is payable. Benefits will not be paid for multiple procedures listed under the Category II benefit.

**Category II Benefits exclude all procedures not specifically listed above.**

## **BENEFITS**

We will pay the benefit if you are treated with one of the Specified Surgical Procedures or Interventional Procedures shown on the Rider Schedule if:

1. The Date of Treatment is after the Waiting Period;
2. Treatment is incurred while this Rider is in force;
3. Treatment is recommended by a physician; and
3. It is not excluded by name or specific description in this Rider.

This Rider pays the indicated percentages of the Initial Maximum Benefit Amount shown in the Certificate Schedule that occurs while this Rider is in force. Benefits are not payable under this Rider for Loss if these conditions result from another Specified Critical Illness.

Benefits for Cat II will reduce the benefit amounts payable for Cat I benefits. Benefits will be paid only at the highest benefit level. If a Cat I and II are performed at the same time, benefits are only eligible at the [100%] (higher) event and will not exceed the amount Initial Face Amount shown on the Rider Schedule. You are only eligible to receive one payment for each benefit category listed on the schedule page. The Dates of Loss for Covered Procedures must be separated by at least [12 months] for benefits to be payable for multiple Covered Procedures.

[Payment of initial, re-occurrence, or additional occurrence benefits are subject to the Benefits section of your Certificate.]

## **LIMITATIONS AND EXCLUSIONS**

This Rider contains a 30-day Waiting Period. This means no benefits are payable for any Insured who has been diagnosed for a covered condition before coverage has been in force 30 days from the Insured's Effective

Date shown in the Rider Schedule. If an Insured is first diagnosed has a covered procedure during the Waiting Period, benefits for treatment of that Specified Critical Illness will apply only to loss commencing after twelve months from the Insured's Effective Date; or, at your option, you may elect to void this rider from the beginning and receive a full refund of premium.

#### **[PRE-EXISTING CONDITIONS LIMITATION**

"Pre-existing Condition" means a sickness or physical condition which, within the 12-month period prior to an Insured's Effective Date resulted in the Insured receiving medical advice or treatment.

We will not pay benefits for any surgical procedure occurring within 12 months of an Insured's Effective Date which is caused by, contributed to, or resulting from a Pre-existing Condition.

A claim for benefits for loss starting after 12 months from an Insured's Effective Date will not be reduced or denied on the grounds that it is caused by a Pre-existing Condition.

A Critical Illness will no longer be considered Pre-existing at the end of 12 consecutive months starting and ending after an Insured's Effective Date.]

Any Benefits for Coronary Artery Bypass Surgery denied under this rider due to pre-existing conditions may be paid at the reduced benefit amount under the certificate, subject to the terms of the certificate.

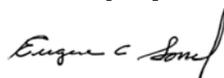
#### **[EXCLUSIONS**

1. No benefits will be paid if the Specified Critical Illness is a result of:
  - a. Intentionally self inflicted injury or action;
  - b. Suicide or attempted suicide while sane or insane;
  - c. Illegal activities or participation in an illegal occupation;
  - d. War, declared or undeclared, or military conflicts, participation in an insurrection or riot, civil commotion or state of belligerence; or
  - e. an injury sustained while under the influence of alcohol, narcotics or any other controlled substance or drug unless properly administered upon the advice of a physician.
2. No benefits will be paid for loss which occurred prior to the effective date of this Rider.

#### **GENERAL PROVISIONS**

1. This Rider is part of the Critical Illness Certificate and will terminate when that Certificate terminates, or when premiums are no longer paid for this Rider.
2. The premium for this Rider is shown in the Rider Schedule. Premiums for this Rider are payable for the number of years shown in the Rider Schedule or until the Rider terminates.
3. This Rider is subject to all of the terms of the Critical Illness Certificate to which it is attached unless any such items are inconsistent with the terms of this Rider.

**Signed for the Company at its Home Office.**



President

**RIDER SCHEDULE**

<b>Insured -</b>	John A. Doe	<b>Group Policy Number -</b>	XXXX
<b>Effective Date -</b>	December 1, 2008	<b>Certificate Number -</b>	XXXX
<b>*Initial Premium -</b>	\$00.00 Monthly	<b>First Renewal Date -</b>	January 1, 2009

**BENEFITS**

Initial Benefit Amount: **[\$10,000]**  
Benefits reduce by [50%] at age [70].

**Category I**  
**Specified Surgeries of the Heart [100%] of Initial Benefit amount**

**Category II**  
**Invasive Procedures and techniques of the heart [10%] of Initial Benefit amount**

Benefits for Cat II will reduce the benefit amounts payable for Cat I benefits. Benefits will be paid only at the highest benefit level. If a Cat I and II are performed at the same time, benefits are only eligible at the [100%] (higher) event and will not exceed the amount Initial Face Amount shown on the Rider Schedule.

The Dates of Loss for Category I or Category II Covered Procedures must be separated by at least [12 months] for benefits to be payable for multiple Covered Procedures.

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## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification <b>Comments:</b> <b>Attachment:</b> CAIC ReadabilityCert.pdf	Approved-Closed	02/06/2009

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Application <b>Comments:</b> <b>Attachment:</b> CAI2811 for info only.pdf	Approved-Closed	02/06/2009

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Submission Letter <b>Comments:</b> <b>Attachment:</b> Heart event Submission letter AR.pdf	Approved-Closed	02/06/2009



2801 Devine Street, Columbia, SC 29205

## READABILITY CERTIFICATION

I, James J. Hennessy, hereby certify that the following form has the following readability score as calculated by the Flesch Reading Ease Test:

<u>Form</u>	<u>Readability Score</u>
CAI2838	41

February 5, 2009

Date

\_\_\_\_\_  
James J. Hennessy, AIRC, ACP, CCP  
Vice President, Compliance



**ENROLLMENT FORM**

Please Mail: Post Office Box 427  
Columbia, South Carolina 29202  
(800) 433-3036

FOR HOME OFFICE USE ONLY		
PLAN	PLAN CODE	ID NUMBER
<b>Critical Illness</b>		
Endorsement:		
EFFECTIVE DATE:		

Employee Name/Owner (First, MI, Last)		S.S.N./ ID Number		Gender	Date of Birth
Street Address		City		State	Zip
Employer		Job Class	Location		Date of Hire
Hours Worked	Daytime Phone No. ( )	Beneficiary Name / Relationship (estate unless designated otherwise)			
Spouse's Name (if coverage is requested)		Gender	Spouse Date of Birth		
			<b>Employee</b>	<b>Spouse</b>	
Are you actively at work?			<input type="checkbox"/> YES <input type="checkbox"/> NO		
Are you now hospitalized or unable to perform your normal duties and activities?				<input type="checkbox"/> YES <input type="checkbox"/> NO	
Have you used tobacco products in the last 12 months?			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	

**CRITICAL ILLNESS**       Employee       [Employee & Spouse]      [Section 125:  Yes  No]

Employee Face Amount: \$ \_\_\_\_\_      **Employee Cost per pay period:** \$ \_\_\_\_\_       ADL Rider       Add-a-buck

Spouse Face Amount: \$ \_\_\_\_\_      **Spouse Cost per pay period:** \$ \_\_\_\_\_       ADL Rider

		Employee	Spouse
1	Have you ever been treated for or diagnosed by a member of the medical profession for Acquired Immune Deficiency Syndrome (AIDS) or "AIDS" Related Complex (ARC) or ever tested positive for antigens or antibodies to an "AIDS" virus?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
2	In the last 7 years have you been treated for or diagnosed with cancer or any malignancy, which includes carcinoma, sarcoma, Hodgkin's Disease, leukemia, lymphoma, or malignant tumor? Cancer does not include basal cell or squamous cell carcinoma.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
3	Have you ever been treated for a) a stroke, a heart attack, a heart condition, heart trouble, or any abnormality of the heart (including artery disease), diabetes, or any liver disorder; b) kidney (renal) failure or end stage kidney (renal) disease; c) organ transplant; d) emphysema or e) now taking 3 or more medications for high blood pressure?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

To the best of my knowledge and belief, the answers to the questions on this application are true and complete. They are offered to Continental American Insurance Company as the basis for any insurance issued.

- Does this coverage replace or change any existing insurance?  YES  NO
- If "Yes," provide carrier and policy number: \_\_\_\_\_

CERTIFICATION: I have read the completed application and I realize any false statement or misrepresentation in the application may result in loss of coverage under the certificate. I understand that no insurance will be in effect until my application is approved.

Coverage will not become effective unless you are actively at work on the date of the enrollment and the effective date of coverage.

I understand and agree that the coverage that I am applying for may have a pre-existing condition exclusion.

I authorize my employer to deduct the appropriate dollar amount from my earnings and to deduct and pay Continental American Insurance Company the premium required thereafter each pay period for my insurance.

Deduction start date \_\_\_\_\_

**Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.**

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_ Signature of Agent \_\_\_\_\_ State of Enrollment \_\_\_\_\_



**2801 Devine Street  
Columbia, South Carolina 29205**

February 5, 2009

Mr. Harris Shearer  
Arkansas Department of Insurance  
1200 West Third Street  
Little Rock, AR 72201-1904

**Re: CONTINENTAL AMERICAN INSURANCE COMPANY NAIC 71730  
CAI2838 Heart Event Rider**

Dear Mr. Shearer,

The above captioned rider is being filed for your review and subsequent approval. The rider will be attached to the previously approved group critical illness filing, CAI2800AR, et al, which was approved by your department on May 13, 2008. The application that will be used was also approved on May 13, 2008 with form number CAI2811.

The rider will provide amend the Coronary Artery Bypass Benefit in the base plan by providing an increased benefit, and will add additional related benefits. This will be available for both new sales and to in force groups that have our previous group critical illness product.

This product will be marketed on a voluntary, payroll deduction basis. It offers coverage to insured's and their dependants. Bracketed items in this filing indicate variable information, and may be removed from some group plans developed. Any or all of the variables could be used in each plan, policy or certificate and the variable benefits will be selected according to the group's specifications.

Thank you for your consideration in this matter. If you have any questions please call Ashley Gibson at (888) 730-2244 extension 4362 or email at [companycompliance@caicworksite.com](mailto:companycompliance@caicworksite.com).

Sincerely,

James J. Hennessy, AIRC, ACP, CCP  
Vice President, Compliance