

SERFF Tracking Number: GHPI-126115798 State: Arkansas
Filing Company: Coventry Health and Life Insurance Company State Tracking Number: 42148
Company Tracking Number: PREEX09
TOI: H15I Individual Health - Sub-TOI: H15I.001 Health - Hospital/Surgical/Medical
Hospital/Surgical/Medical Expense Expense
Product Name: AR Pre-Ex
Project Name/Number: /

Filing at a Glance

Company: Coventry Health and Life Insurance Company

Product Name: AR Pre-Ex

SERFF Tr Num: GHPI-126115798 State: ArkansasLH

TOI: H15I Individual Health -

SERFF Status: Closed

State Tr Num: 42148

Hospital/Surgical/Medical Expense

Sub-TOI: H15I.001 Health -

Co Tr Num: PREEX09

State Status: Approved-Closed

Hospital/Surgical/Medical Expense

Filing Type: Form

Co Status:

Reviewer(s): Rosalind Minor

Authors: Anita Carter, Geneva

Disposition Date: 05/11/2009

Clark

Date Submitted: 04/15/2009

Disposition Status: Approved-Closed

Implementation Date Requested:

Implementation Date:

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: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 05/11/2009

Explanation for Other Group Market Type:

State Status Changed: 05/11/2009

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

(314) 506-1928

acarter@cvty.com

April 15, 2009

SERFF Tracking Number: GHPI-126115798 State: Arkansas
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Rosalind Minor
Sr. Certified Rate & Form Analyst
Arkansas Insurance Department
Life and Health Division
1200 West Third Street
Little Rock, Arkansas 72201

Re: Co Tracking #: PREEX09
Form #: AR_PREEEXAMND09_CHL
PRE-EXISTING CONDITIONS AMENDMENT

Dear Ms Minor:

I am writing on behalf of Coventry Health and Life Insurance Co. ("CHL") regarding submission of the above referenced document.

The intended market for these documents is the individual market. These documents are new, rather than replacement documents. These documents will be issued to individuals.

In addition, please note the following:

1. A check in the amount of \$50.00 will be sent under separate cover as per our email discussion on September 25, 2008.
2. In compliance with ACA 23-79-206, a Readability Certificate is attached.
3. In compliance with Rule & Regulation 19, these documents do not discriminate on the basis of sex.
4. In compliance with Rule & Regulation 49, an Insurance Guaranty Association Notice will be sent under separate cover.

Thank you for your assistance with this filing. If you have any comments or concerns, please contact me at (314) 506-1928.

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Sincerely,

Anita J. Carter, RN
Manager, Regulatory Compliance

Company and Contact

Filing Contact Information

Anita Carter, Manager of Regulatory Compliance
550 Maryville Centre Drive
St. Louis, MO 63141-5818
acarter@cvty.com
(314) 506-1928 [Phone]
(314) 506-1672[FAX]

Filing Company Information

Coventry Health and Life Insurance Company
6705 Rockledge Drive
Suite 900
Bethesda, MD 20817
(314) 506-1700 ext. [Phone]
CoCode: 81973
Group Code: 1137
Group Name:
FEIN Number: 75-1296086
State of Domicile: Delaware
Company Type:
State ID Number:

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:
Per Company: No

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	05/11/2009	05/11/2009

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Disposition

Disposition Date: 05/11/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Form	Pre-Existing Conditions Amendment	Approved-Closed	Yes

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Form Schedule

Lead Form Number:

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	AR_PREE XAMND09_CHL	Certificate	Pre-Existing Conditions t, Insert Amendment Page, Endorseme nt or Rider	Initial			AR_PREEXA MND09_CHL. pdf

**AMENDMENT
PRE-EXISTING CONDITIONS**

Benefits underwritten and administered by Coventry Health and Life Insurance Co. (“CHL”).

This Amendment applies to the following Certificate of Coverage:

- **Preferred Provider Organization (PPO) Certificate of Coverage
AR_PPOCOCIND_08_CHL**

In the event that defined terms in the current Certificate of Coverage differ from those in the Amendment, the defined terms in this Amendment will govern.

Section 2.6 “**Coverage for Pre-Existing Medical Conditions**” in the Certificate of Coverage, is hereby deleted and replaced with the following:

Pre-existing Medical Conditions are those conditions for which You received medical advice, diagnosis, care, or treatment from an individual licensed or similarly authorized to provide such services under applicable state law within the six (6) month period prior to Your Effective Date. Pre-existing Medical Conditions may affect Your Premium, may result in denial of Your application, or the Plan may deny Coverage for them for a period of time after Your Effective Date. If You are accepted for Coverage, Your Premium will be calculated to include any Pre-existing Medical Condition that You disclosed on Your Application/Change Form and such conditions will be Covered under the terms of Your Agreement beginning on Your Effective Date. If you fail to disclose a Pre-existing Medical Conditions on your Application/Change Form and You are accepted for Coverage, the Plan may do one of the following:

1. For omissions determined to be fraud as explained in Section 5, the Plan may:
 - terminate Coverage for You and/or all of Your enrolled Dependents at 11:59 p.m. upon the date set forth in the notice of termination to the Subscriber. Such termination may occur back to Your Effective Date; or
 - reevaluate Your medical history and revise Your Premium for Coverage. Such change in premium rate may be enforced back to Your Effective Date.
2. For omissions determined not to be fraud, the Plan may exclude Coverage for products and services related to Your Pre-Existing Medical Conditions for a period not longer than twelve (12) months after Your Effective Date

The following is hereby added to Section 8 “Exclusions and Limitations” in the Certificate of Coverage:

Pre-existing Medical Conditions are excluded as described in Section 2.

This Amendment is subject to all the terms and conditions of the Certificate to which this Amendment is attached. This Amendment does not revise any of those terms and conditions unless specifically stated in the Amendment.

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Rate Information

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Supporting Document Schedules

Satisfied -Name: Flesch Certification **Review Status:** Approved-Closed 05/11/2009
Comments:
 Attached is the Flesch (readability) Certification.
Attachment:
 Readability Cert.pdf

Bypassed -Name: Application **Review Status:** Approved-Closed 05/11/2009
Bypass Reason: The filing is an amendment to an existing Certificate of Coverage. It is not a new policy.
Comments:

Bypassed -Name: Health - Actuarial Justification **Review Status:** Approved-Closed 05/11/2009
Bypass Reason: This filing is an amendment to an existing Certificate of Coverage. This does not affect rates.
Comments:

Bypassed -Name: Outline of Coverage **Review Status:** Approved-Closed 05/11/2009
Bypass Reason: This filing is an amendment to an existing Certificate of Coverage.
Comments:

READABILITY CERTIFICATION

I hereby certify that the following forms comply with the Arkansas minimum Flesch reading ease test scores pursuant to A.C.A. § 23-80-206:

AR_PREXAMND09_CHL



(Signature) Assistant Secretary, Coventry Health & Life Insurance Company

Jonathan D. Weinberg

(Print Name)

April 3, 2009

(Date)