

SERFF Tracking Number: GHPI-126138184 State: Arkansas
Filing Company: Coventry Health and Life Insurance Company State Tracking Number: 42269
Company Tracking Number: ARENROLL09
TOI: H15G Group Health - Hospital/Surgical/Medical Sub-TOI: H15G.001 Any Size Group
Expense
Product Name: AR Enroll09
Project Name/Number: /

Filing at a Glance

Company: Coventry Health and Life Insurance Company

Product Name: AR Enroll09

SERFF Tr Num: GHPI-126138184 State: ArkansasLH

TOI: H15G Group Health -

SERFF Status: Closed

State Tr Num: 42269

Hospital/Surgical/Medical Expense

Sub-TOI: H15G.001 Any Size Group

Co Tr Num: ARENROLL09

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Rosalind Minor

Authors: Anita Carter, Geneva Clark

Disposition Date: 05/06/2009

Date Submitted: 05/04/2009

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: Group

Submission Type: New Submission

Group Market Size: Small and Large

Overall Rate Impact:

Group Market Type: Employer

Filing Status Changed: 05/06/2009

Explanation for Other Group Market Type:

State Status Changed: 05/06/2009

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

(314) 506-1928

acarter@cvty.com

May 4, 2009

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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 #: Enroll09
Form #: AR_EnrollAmnd09_CHL
Special Enrollment 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 this document is the employer group market. This document is a new, rather than replacement document. This document will be issued to employers.

In addition, please note the following:

1. A check in the amount of \$20.00 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, this document does 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	05/06/2009	05/06/2009

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Disposition

Disposition Date: 05/06/2009

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
Form	Special Enrollment 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_EnrollAmnd09_CHL	Certificate Amendment	Special Enrollment Amendment	Initial			AR_EnrollAmnd09_CHL.pdf
	L	t, Insert Page, Endorsement or Rider					

**AMENDMENT
SPECIAL ENROLLMENT**

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_Group PPO_COC_07_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.

The following is added in Section 3 “Enrollment and Eligibility” as Section 3.5.5:

3.5.5 Enrollment Pursuant to Termination of Medicaid or SCHIP Coverage.

Subject to the conditions set forth below, an employee who is eligible but not enrolled, or the Dependents of such Eligible Employee, if eligible but not enrolled, may enroll in the Plan if either of the following two conditions are satisfied.

- **Termination of Medicaid or SCHIP Coverage.** The Eligible Employee or Dependent may enroll if the Eligible Employee or Dependent is covered under a Medicaid plan under Title XIX of the Social Security Act, or under the State Children’s Health Insurance Program (“SCHIP”) under Title XXI of the Social Security Act, and coverage of the Eligible Employee or Dependent under either the Medicaid or SCHIP plan is terminated as a result of loss of eligibility under such plan.
- **Eligibility for Employment Assistance Under Medicaid or SCHIP.** The Eligible Employee or Dependent may enroll if the Eligible Employee or Dependent becomes eligible for premium or other assistance with respect to coverage under this Health Plan, pursuant to a Medicaid plan or SCHIP plan (including any waiver or demonstration product conducted under or related to such Medicaid or SCHIP plan).

Required Length of Special Enrollment Notification. An Eligible Employee and/or his or her Dependents must request special enrollment in writing no later than sixty (60) days from the date of termination of the Medicaid/SCHIP eligibility or the date the Eligible Employee or Dependent is determined to be eligible for the premium assistance.

Effective Date of Coverage. Coverage shall become effective on the first day of the month following the month in which the Plan received the request for Special Enrollment.

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

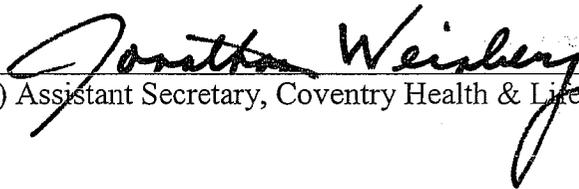
Satisfied -Name: Flesch Certification **Review Status:** Approved-Closed 05/06/2009
Comments:
Attached is the readability (Flesch) certification for this filing.
Attachment:
Enroll Readability Cert.pdf

Bypassed -Name: Application **Review Status:** Approved-Closed 05/06/2009
Bypass Reason: N/A
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_EnrollAmnd09_CHL



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

Jonathan D. Weinberg

(Print Name)

April 27, 2009

(Date)