

SERFF Tracking Number: GHPI-126162591 State: Arkansas  
Filing Company: Coventry Health and Life Insurance Company State Tracking Number: 42477  
Company Tracking Number: AREXCLUS09  
TOI: H15I Individual Health - Sub-TOI: H15I.001 Health - Hospital/Surgical/Medical  
Hospital/Surgical/Medical Expense Expense  
Product Name: AR Exclusion  
Project Name/Number: /

## Filing at a Glance

Company: Coventry Health and Life Insurance Company

Product Name: AR Exclusion

SERFF Tr Num: GHPI-126162591 State: ArkansasLH

TOI: H15I Individual Health -

SERFF Status: Closed

State Tr Num: 42477

Hospital/Surgical/Medical Expense

Sub-TOI: H15I.001 Health -

Co Tr Num: AREXCLUS09

State Status: Approved-Closed

Hospital/Surgical/Medical Expense

Filing Type: Form

Co Status:

Reviewer(s): Rosalind Minor

Authors: Anita Carter, Geneva

Disposition Date: 05/29/2009

Clark

Date Submitted: 05/22/2009

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: 05/29/2009

Explanation for Other Group Market Type:

State Status Changed: 05/29/2009

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

(314) 506-1928

acarter@cvty.com

May 22, 2009

SERFF Tracking Number: GHPI-126162591 State: Arkansas  
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Hospital/Surgical/Medical Expense Expense  
Product Name: AR Exclusion  
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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 #: AREXCLUS09  
Form #: AR\_ExclusRider09\_CHL  
Medical Exclusion Rider

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 individual market. This document is a new, rather than replacement document. This document will be issued to individuals.

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 for this filing.
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.

Sincerely,

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Anita J. Carter, RN  
Manager, Regulatory Compliance

## Company and Contact

### Filing Contact Information

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

### Filing Company Information

Coventry Health and Life Insurance Company      CoCode: 81973      State of Domicile: Delaware  
6705 Rockledge Drive      Group Code: 1137      Company Type:  
Suite 900  
Bethesda, MD 20817      Group Name:      State ID Number:  
(314) 506-1700 ext. [Phone]      FEIN Number: 75-1296086  
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## 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	05/29/2009	05/29/2009

### 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	05/29/2009	05/29/2009			

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Objection letter	Note To Filer	Rosalind Minor	05/29/2009	05/29/2009

*SERFF Tracking Number:* GHPI-126162591      *State:* Arkansas  
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Hospital/Surgical/Medical Expense      Expense  
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## **Disposition**

Disposition Date: 05/29/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.



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*Product Name:* AR Exclusion  
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## **Objection Letter**

Objection Letter Status Pending Industry Response  
Objection Letter Date 05/29/2009  
Submitted Date 05/29/2009

Respond By Date

Dear Anita Carter,

This will acknowledge receipt of the captioned filing.

Objection 1

- Medical Exclusion Rider (Form)

Comment: Before the rider is reviewed, we need a filing fee in the amount of \$20.00.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

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**Note To Filer**

**Created By:**

Rosalind Minor on 05/29/2009 02:04 PM

**Last Edited By:**

Rosalind Minor

**Submitted On:**

05/29/2009 02:05 PM

**Subject:**

Objection letter

**Comments:**

Please ignore my objection letter. I noticed, after the fact, that you are submitting the fee.

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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_ExclusRider09_CHL	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Medical Exclusion Rider	Initial			AR_ExclusRider09_CHL.pdf

# Coventry Health and Life Insurance Company

## CoventryOne® PPO

### MEDICAL EXCLUSION RIDER

This Rider is underwritten by Coventry Health and Life Insurance Company (“**CHL**”), administered by Group Health Plan, Inc. (“**GHP**”). This Rider applies to the following individuals who are Covered under this Individual Member Certificate of Coverage:

[NAMES]

This Rider is a permanent amendment to the Individual Member Certificate of Coverage to which it is attached. All definitions, provisions, terms, Limitations, Exclusions, and conditions of the Individual Member Certificate of Coverage apply to this Rider except to the extent such terms and conditions are explicitly superseded or modified by this Rider. The Effective Date of this Rider shall be consistent with the Effective Date of Your Individual Member Certificate of Coverage.

The Individual Member Certificate of Coverage is hereby amended to exclude Coverage for any equipment, supply, service, surgery, diagnostic procedure, evaluation, prescription drug delivered under the medical benefit, [prescription drug delivered under any pharmacy benefit], therapy, and/or treatment for:

**[Cervical Spine:** Any injury to, disease or disorder of the cervical spine, including but not limited to the vertebrae, intervertebral discs, surrounding ligaments and muscles, lumbosacral and sacroiliac articulations, complicating sciatic neuritis, radiculitis, and any treatment or testing for, [medications for], or operation for or any complications thereof.]

**[Thoracic Spine:** Any injury to, disease or disorder of the thoracic spine, including but not limited to the vertebrae, intervertebral discs, surrounding ligaments and muscles, lumbosacral and sacroiliac articulations, complicating sciatic neuritis, radiculitis, and any treatment or testing for, [medications for], or operation for or any complications thereof.]

**[Lumbo-Sacral Spine:** Any injury to, disease or disorder of the lumbo-sacral spine, including but not limited to the vertebrae, intervertebral discs, surrounding ligaments and muscles, lumbosacral and sacroiliac articulations, complicating sciatic neuritis, radiculitis, and any treatment or testing for, [medications for], or operation for or any complications thereof.]

**[Female Reproductive Organs:** Any disease or disorder of the female reproductive organs, including but not limited to any treatment or testing for, [medications for], or operation for or any complications thereof.]

**[Endometriosis:** Endometriosis or any disease or disorder of the abdominal or pelvic organs due to endometriosis, including but not limited to adhesions and any treatment or testing for, [medications for], or operation for or any complications thereof.]

**[Apnea, Sleep Apnea:** Any diagnostic study, treatment or testing for, [medications for], or operation for or any complications resulting from but not limited to, sleep apnea, obstructive apnea, central apnea, hypopneas.]

**[Knees, Both:** Any injury to, disease or disorder of both knees, including but not limited to the associated bones, tendons and ligaments including any treatment or testing for, [medications for], or operation for or any complications thereof.]

**[Knee, Right:** Any injury to, disease or disorder of the right knee, including but not limited to the associated bones, tendons and ligaments including any treatment or testing for, [medications for], or operation for or any complications thereof.]

**[Knee, Left:** Any injury to, disease or disorder of the left knee, including but not limited to the associated bones, tendons and ligaments including any treatment or testing for, [medications for], or operation for or any complications thereof.]

**[Prostate:** Any disease or disorder of the prostate, including but not limited to, the seminal vesicles, urinary bladder or urethra, including any treatment or testing for, [medications for], or operation for or any complications thereof.]

**[Hiatal Hernia:** Hiatal hernia, including but not limited to any treatment or testing for, [medications for], or operation for or any complications thereof.]

**[Heart Burn, Acid Reflux, GERD, Esophagitis:** Heart burn, acid reflux, GERD (Gastro Esophageal Reflux Disease), Barrett's Esophagitis disease or disorder of the esophagus, esophageal sphincter, and stomach including but not limited to any treatment or testing for, [medications for], or operation for or any complications thereof.]

**[Cataracts, Both Eyes:** Cataracts of both eyes, including but not limited to any treatment or testing for, [medications for], or operation for or any complications thereof.]

**[Cataracts, Right Eye:** Cataracts of the right eye, including but not limited to any treatment or testing for, [medications for], or operation for or any complications thereof.]

**[Cataracts, Left Eye:** Cataracts of the left eye, including but not limited to any treatment or testing for, [medications for], or operation for or any complications thereof.]

**[Diverticulitis and Diverticulosis:** Diverticulitis and Diverticulosis of the small intestine, large intestine and colon including but not limited to any treatment or testing for, [medications for], or operation for or any complications thereof.]

**[Thyroid:** Any disease or disorder of the thyroid gland including but not limited to; Goiter, Hyperthyroidism, Hypothyroidism, and thyroiditis and any treatment or testing for, [medications for], or operation for or any complications thereof.]

**[Nasal/Sinus/Deviated Septum:** Any disease or disorder of the sinuses, nasopharyngeal tract, and accessory sinuses, including but not limited to sinusitis, nasal polyp(s), and deviated septum and any treatment or testing for, [medications for], or operation for or any complications thereof.]

**[Hips, Both:** Any disease, injury or disorder of both hips and the associated bones, tendons and ligaments including any treatment or testing for, [medications for], or operation for or any complications thereof.]

**[Hip, Right:** Any disease, injury or disorder of the right hip and the associated bones, tendons and ligaments including any treatment or testing for, [medications for], or operation for or any complications thereof.]

**[Hip, Left:** Any disease, injury or disorder of the left hip and the associated bones, tendons and ligaments including any treatment or testing for, [medications for], or operation for or any complications thereof.]

**[Breasts, Both:** Any disease or disorder of both breasts or surgical implants of both breasts, including metastases, including any treatment or testing for, [medications for], or operation for or any complications thereof.]

**[Breast, Right:** Any disease or disorder of the right breast or surgical implants of the right breast, including metastases, including any treatment or testing for, [medications for], or operation for or any complications thereof.]

**[Breast, Left:** Any disease or disorder of the left breast or surgical implants of the left breast, including metastases, including any treatment or testing for, [medications for], or operation for or any complications thereof.]

**[Kidneys, Both:** Any disease or disorder of both kidneys or urinary tract, including kidney stones, and renal failure, including any treatment or testing for, [medications for], or operation for or any complications thereof.]

**[Kidney, Right:** Any disease or disorder of the right kidney or urinary tract, including kidney stones, and renal failure, including any treatment or testing for, [medications for], or operation for or any complications thereof.]

**[Kidney, Left:** Any disease or disorder of the left kidney or urinary tract, including kidney stones, and renal failure, including any treatment or testing for, [medications for], or operation for or any complications thereof.]

**[Internal Fixation of Bones:** Any internal fixation of bones (for example; pins, screws, plates and braces) including the insertion of, removal of, any treatment or testing for, [medications for], or operation for or any complications thereof.]

**[Headaches and Migraine Headaches:** Headaches and migraine headaches, including any treatment or testing for, [medications for], or operation for or any complications thereof.]

**[Varicose Veins:** Varicose veins, varicose or stasis ulcer, phlebitis, including any treatment or testing for, [medications for], or operation for or any complications thereof.]

**[Tendonitis, Bursitis:** Tendonitis, bursitis, including any treatment or testing for, [medications for], or operation for or any complications thereof.]

**[Bilateral Carpal Tunnel Syndrome:** Carpal Tunnel Syndrome of both wrists, including any treatment or testing for, [medications for], or operation for or any complications thereof.]

**[Right Carpal Tunnel Syndrome:** Carpal Tunnel Syndrome of the right wrist, including any treatment or testing for, [medications for], or operation for or any complications thereof.]

**[Left Carpal Tunnel Syndrome:** Carpal Tunnel Syndrome of the left wrist, including any treatment or testing for, [medications for], or operation for or any complications thereof.]

**[Temporomandibular Joint (TMJ):** Any misalignment of the upper or lower teeth and/or improper positioning of how the jaw bone connects to the skull, including temporomandibular joint, its associated tendons, ligaments, musculature, including any treatment or testing for, [medications for], or operation for or any complications thereof.]

**[Cesarean Section:** Cesarean section, including any treatment or testing for, [medications for], or operation for or any complications thereof.]

All other terms and conditions of the Individual Member Certificate of Coverage which this Rider amends remain in full force and effect.



<i>SERFF Tracking Number:</i>	<i>GHPI-126162591</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Coventry Health and Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>42477</i>
<i>Company Tracking Number:</i>	<i>AREXCLUS09</i>		
<i>TOI:</i>	<i>H151 Individual Health - Hospital/Surgical/Medical Expense</i>	<i>Sub-TOI:</i>	<i>H151.001 Health - Hospital/Surgical/Medical Expense</i>
<i>Product Name:</i>	<i>AR Exclusion</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## Supporting Document Schedules

<b>Satisfied -Name:</b>	Flesch Certification	<b>Review Status:</b>	Approved-Closed	05/29/2009
<b>Comments:</b>	Attached is the Flesch (Readability) Certification.			
<b>Attachment:</b>	Exclusion Readability Certification.pdf			
<b>Bypassed -Name:</b>	Application	<b>Review Status:</b>	Approved-Closed	05/29/2009
<b>Bypass Reason:</b>	N/A. This is not a policy form.			
<b>Comments:</b>				
<b>Bypassed -Name:</b>	Health - Actuarial Justification	<b>Review Status:</b>	Approved-Closed	05/29/2009
<b>Bypass Reason:</b>	N/A. This is not a new product.			
<b>Comments:</b>				
<b>Bypassed -Name:</b>	Outline of Coverage	<b>Review Status:</b>	Approved-Closed	05/29/2009
<b>Bypass Reason:</b>	N/A. This is not a new product.			
<b>Comments:</b>				

**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\_ExclusRider09\_CHL



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

Jonathan D. Weinberg

(Print Name)

May 21, 2009

(Date)