

<i>SERFF Tracking Number:</i>	<i>AENX-126180126</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Aetna Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>42582</i>
<i>Company Tracking Number:</i>	<i>AH AR0173301F01</i>		
<i>TOI:</i>	<i>H16G Group Health - Major Medical</i>	<i>Sub-TOI:</i>	<i>H16G.001C Any Size Group - Other</i>
<i>Product Name:</i>	<i>2009 Medical</i>		
<i>Project Name/Number:</i>	<i>2009 Medical/AH AR0173301F01</i>		

Filing at a Glance

Company: Aetna Life Insurance Company

Product Name: 2009 Medical

TOI: H16G Group Health - Major Medical

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

Filing Type: Form

SERFF Tr Num: AENX-126180126 State: ArkansasLH

SERFF Status: Closed

Co Tr Num: AH AR0173301F01

Co Status:

Author: SPI AetnaSPI

Date Submitted: 06/05/2009

State Tr Num: 42582

State Status: Approved-Closed

Reviewer(s): Rosalind Minor

Disposition Date: 06/08/2009

Disposition Status: Approved-Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: 2009 Medical

Project Number: AH AR0173301F01

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 06/08/2009

Status of Filing in Domicile:

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: 06/08/2009

Corresponding Filing Tracking Number:

Deemer Date:

Filing Description:

The purpose of this filing is to support optional benefit plan incentives as part of a health risk assessment program. The covered person must first complete a health assessment to be eligible to earn the incentive reward. The member must then complete a specified number of wellness activities, (one, two or three activities), to begin to earn incentive rewards.

Wellness activities may vary as selected by the policyholder. Typically included would be activities like weight loss, healthy aging, stress relief, healthier diet, heart health, smoking cessation and alcohol awareness.

Incentives earned can be in the following forms:

SERFF Tracking Number: AENX-126180126 State: Arkansas
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" Benefit amounts that will be used to reduce the covered person's deductible or co-insurance limit.

" A gift card or its equivalent.

When the plan includes a health reimbursement account (HRA), additional fund amounts can be earned and added to the covered person's HRA.

Company and Contact

Filing Contact Information

John Ciesielski, Product and Regulatory Affairs CiesielskiJW@Aetna.com
 Manager

151 Farmington Avenue (860) 279-1282 [Phone]
 Hartford, CT 06156 (860) 952-2069[FAX]

Filing Company Information

Aetna Life Insurance Company CoCode: 60054 State of Domicile: Connecticut
 151 Farmington Avenue Group Code: 1 Company Type:
 Hartford, CT 06156 Group Name: Aetna State ID Number:
 (860) 273-7546 ext. [Phone] FEIN Number: 06-6033492

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Aetna Life Insurance Company	\$50.00	06/05/2009	28406579

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	06/08/2009	06/08/2009

Amendments

Item	Schedule	Created By	Created On	Date Submitted
CT approval, EOV GR-9N 35-005 01 Wellness Incentives, EOV GR-9N S-31-05 01 Schedule of Benefits - Wellness Incentives, Wellness incentives (no ranges), EOV Wellness Incentive (no ranges)	Supporting Document	SPI AetnaSPI	06/05/2009	06/05/2009

SERFF Tracking Number: AENX-126180126 *State:* Arkansas
Filing Company: Aetna Life Insurance Company *State Tracking Number:* 42582
Company Tracking Number: AH AR0173301F01
TOI: H16G Group Health - Major Medical *Sub-TOI:* H16G.001C Any Size Group - Other
Product Name: 2009 Medical
Project Name/Number: 2009 Medical/AH AR0173301F01

Disposition

Disposition Date: 06/08/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AENX-126180126 State: Arkansas
 Filing Company: Aetna Life Insurance Company State Tracking Number: 42582
 Company Tracking Number: AH AR0173301F01
 TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001C Any Size Group - Other
 Product Name: 2009 Medical
 Project Name/Number: 2009 Medical/AH AR0173301F01

Item Type	Item Name	Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Cover Letter	Approved-Closed	Yes
Supporting Document	CT approval, EOv GR-9N 35-005 01 Wellness Incentives, EOv GR-9N S-31- 05 01 Schedule of Benefits - Wellness Incentives, Wellness incentives (no ranges), EOv Wellness Incentive (no ranges)	Approved-Closed	Yes
Form	Schedule of Benefits - Wellness Incentives	Approved-Closed	Yes
Form	Wellness Incentive	Approved-Closed	Yes

SERFF Tracking Number: AENX-126180126 State: Arkansas
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TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001C Any Size Group - Other
Product Name: 2009 Medical
Project Name/Number: 2009 Medical/AH AR0173301F01

Amendment Letter

Amendment Date:
Submitted Date: 06/05/2009

Comments:

Additional information

Changed Items:

Supporting Document Schedule Item Changes:

User Added -Name: CT approval, EOVS GR-9N 35-005 01 Wellness Incentives, EOVS GR-9N S-31-05 01 Schedule of Benefits - Wellness Incentives, Wellness incentives (no ranges), EOVS Wellness Incentive (no ranges)

Comment: additional attachments

CT approval.PDF

EOVS GR-9N 35-005 01 Wellness Incentives.PDF

EOVS GR-9N S-31-05 01 Schedule of Benefits - Wellness Incentives.PDF

Wellness incentives (no ranges).PDF

EOVS Wellness Incentive (no ranges).PDF

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 Product Name: 2009 Medical
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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	GR-9N S-31-05 01	Certificate	Schedule of Benefits	Initial		0	GR-9N S-31-05 01.PDF
		Amendmen	Wellness Incentives				
		t, Insert					
		Page,					
		Endorseme					
		nt or Rider					
Approved-Closed	GR-9N 35-005 01	Certificate	Wellness Incentive	Initial		0	GR-9N 35-005 01.PDF
		Amendmen					
		t, Insert					
		Page,					
		Endorseme					
		nt or Rider					

Aetna Life Insurance Company
Wellness Incentive
[Schedule of Benefits]

PLAN FEATURES

Wellness Incentive

[Benefit Award Amount: \$10 – 100]

[Calendar Year Individual Maximum Benefit: \$20 – 200]

[Calendar Year Family Maximum Benefit: \$20 – 300]

Wellness Incentive

[Upon completion of a health assessment,] you will be eligible to participate in wellness activities [that align with your results]. A list of wellness activities [, such as smoking cessation and weight management,] is available from **Aetna** or the Policyholder. To contact **Aetna**, call the Member Services phone number appearing on your identification card.

For completing [three] wellness activities, you will receive a Benefit Award Amount. [Your plan may also have a maximum benefit per calendar year.] The type and value of a Benefit Award Amount [and the maximum benefit] are chosen by the Policyholder. The Benefit Award Amount [and the maximum benefit] for completed wellness activities are shown in the *Schedule of Benefits*. [You may use your Benefit Award Amount to reduce any applicable **deductible** or **coinsurance limit** required under this plan.]

Only you and your covered dependent spouse and dependent children over age 18 are eligible for wellness incentives.

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<i>Product Name:</i>	<i>2009 Medical</i>		
<i>Project Name/Number:</i>	<i>2009 Medical/AH AR0173301F01</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: AENX-126180126 State: Arkansas
 Filing Company: Aetna Life Insurance Company State Tracking Number: 42582
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 TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001C Any Size Group - Other
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Supporting Document Schedules

Review Status:
Bypassed -Name: Flesch Certification Approved-Closed 06/08/2009
Bypass Reason: Forms include scheduled amounts. In addition forms included as part of complete certificate exceed the minimum reading ease score,

Comments:

Review Status:
Bypassed -Name: Application Approved-Closed 06/08/2009
Bypass Reason: not applicable

Comments:

Review Status:
Satisfied -Name: Cover Letter Approved-Closed 06/08/2009

Comments:

Cover letter

Attachment:

Cover Letter.PDF

Review Status:
Satisfied -Name: CT approval, EOv GR-9N 35-005 Approved-Closed 06/08/2009

01 Wellness Incentives, EOv GR-9N S-31-05 01 Schedule of Benefits - Wellness Incentives, Wellness incentives (no ranges), EOv Wellness Incentive (no ranges)

Comments:

additional attachments

Attachments:

CT approval.PDF

EOv GR-9N 35-005 01 Wellness Incentives.PDF

EOv GR-9N S-31-05 01 Schedule of Benefits - Wellness Incentives.PDF

Wellness incentives (no ranges).PDF

EOv Wellness Incentive (no ranges).PDF

June 5, 2009

Insurance Commissioner Jay Bradford
Compliance - Life and Health
Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

RE: Form Filing - 2009 MED- 2009 Wellness Incentives (ALIC)
Accident and Health
Company Filing#: AH AR0173301F01
Aetna Life Insurance Company NAIC#: 001-60054 FEIN#: 06-6033492

Dear Commissioner Bradford:

We wish to submit the following Form filing for Other, Accident and Health for use in Arkansas.

This filing has been submitted to or is exempt from filing in our domiciliary state of Connecticut.

Policy Form(s) and Endorsement(s) Submitted:

Form Title:	Schedule of Benefits - Wellness Incentives
Form No.:	GR-9N S-31-05 01
Edition Date:	
Form Type:	Certificate Amendment, Insert Page, Endorsement
Form Title:	Wellness Incentive
Form No.:	GR-9N 35-005 01
Edition Date:	
Form Type:	Certificate Amendment, Insert Page, Endorsement

We trust with the enclosed information, you will be able to review our filing and grant an approval. If you have any questions, please contact the undersigned. Thank you in advance for your help and attention to this matter.

Mr. John Ciesielski
Product and Regulatory Affairs Manager

Phone: 860-279-1282

Fax: 860-952-2069
Email: CiesielskiJW@Aetna.com



John W. Ciesielski
 Product & Regulatory Affairs
 Law and Regulatory Affairs
 151 Farmington Ave, RW61
 Hartford, CT 06156
 (845) 279-1282
 Fax: (860) 952-2065
 Email: Ciesielskijw@aetna.com

May 19, 2009

Ms. Mary Ellen Breault
 Officer in Charge of Life, A&H, Annuities
 Life and Health Division
 153 Market Street, F111
 Hartford, CT 06142-0816

APPROVED
 FOR USE OUTSIDE OF CONNECTICUT

MAY 20 2009

RE: **Aetna Life Insurance Company**
 NAIC No. 001-60054
 Group Accident and Health Insurance
 Form No: Booklet-Certificate Forms - GR-9N 35-005 01 and GR-9N S-31-05 01

INSURANCE DEPARTMENT
 STATE OF CONNECTICUT
 KRISTIN GREEN
 LIFE & HEALTH DIVISION

Dear Ms. Breault:

The enclosed booklet-certificate forms are being submitted for your Department's review and approval on a general use basis. These are new forms and are not intended to replace any previously filed forms. They are in final form, rather than being drafts or proofs.

The purpose of this filing is to support optional benefit plan incentives as part of a health risk assessment program. The covered person must first complete a health assessment to be eligible to earn the incentive reward. The member must then complete a specified number of wellness activities, (one, two or three activities), to begin to earn incentive rewards. Wellness activities may vary as selected by the policyholder. Typically included would be activities like weight loss, healthy aging, stress relief, healthier diet, heart health, smoking cessation and alcohol awareness.

Incentives earned can be in the following forms:

- Benefit amounts that will be used to reduce the covered person's deductible or co-insurance limit.
- A gift card or its equivalent.

When the plan includes a health reimbursement account (HRA), additional fund amounts can be earned and added to the covered person's HRA.

These forms, upon approval, will be used with Booklet-Certificate GR-9N, approved by your Department on October 12, 2006 and Wraparound Policy GR-29N, approved by your Department on October 12, 2006.

Variability, as indicated by bracketed material on the forms, is required so that only the appropriate language may be reflected on the forms. Upon issuance of these documents, the placement of textual material may vary to avoid gaps that would otherwise be created by the deletion of bracketed material. Coverage, sections and provisions may appear in sequence other

[Ms. Mary Ellen Breault
May 19, 2009

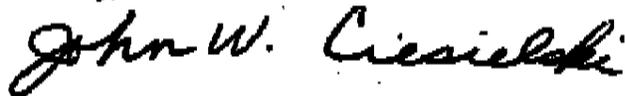
than that shown. Connective words and phrases, which serve the grammatical purpose of meaningful continuity and do not affect the description of the payment of benefits or other terms or conditions of the group policy, may vary as the sense demands. A detailed Explanation of Variability has been included.

We certify that the forms will equal or exceed the minimum reading ease score on the Flesch Test when delivered or issued for delivery in your jurisdiction in accordance with any applicable law or regulation.

There is no rate impact with the addition of these forms.

We trust that you will find everything in order, and we look forward to your response. If you have any questions regarding this submission, please do not hesitate to contact me at the email address or phone number above.

Sincerely,



John W. Ciesielski, Manager
Product & Regulatory Affairs

Enclosure(s)

Aetna Life Insurance Company
Wellness Incentive
Explanation of Variability
GR-9N
35-005
01

Wellness Incentive

General Comments

- The term “Schedule of Benefits” may be changed to “Summary of Benefits”.
- The term “calendar” may be changed to “plan”, “policy”, “365 consecutive day period”, or “12 consecutive month period”. The statement “12 consecutive month period” may also be changed to “24 consecutive month period.”
- “Coinsurance Limit” may be changed to “payment limit” or “out-of-pocket limit..”
- If dependents are not covered under the policyholder’s plan, all references to “dependents” will be omitted.
 1. The reference to completing a health assessment will be included when part of the policyholder’s plan.
 2. The phrase, “that align with your results”, will be included when a policyholder’s plan requires that the wellness activities to be completed in order to receive a benefit award amount have a direct correlation to the results of the covered person’s health risk assessment.
 3. We may list examples of wellness activities or show the specific list of policyholder selected activities.
 4. The maximum number of wellness activities required to be completed before benefit award amounts start to be made will not be more than three, and may decrease to one or two.
 5. The references to a maximum benefit in the second paragraph will be included if the policyholder’s plan includes individual or family calendar year maximums.
 6. Using the award to reduce a deductible or coinsurance limit will be included only when the policyholder’s plan includes this option.

Aetna Life Insurance Company
Wellness Incentive
Explanation of Variability
GR-9N
S-31-05
01

Wellness Incentive
General Comments

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- The term “calendar” may be changed to “plan”, “policy”, “365 consecutive day period”, or “12 consecutive month period”. The statement “12 consecutive month period” may also be changed to “24 consecutive month period.”

1. The benefit award amount will vary within the range shown,

Deleted: [

2. When the Calendar Year Individual and Family Maximums are included, the amounts will vary within the ranges shown,

Deleted:] [, but will not be less than \$10]

Deleted: [

Deleted:] [, but will not be less than \$20]

Aetna Life Insurance Company
Wellness Incentive
[Schedule of Benefits]

PLAN FEATURES

Wellness Incentive

| [Benefit Award Amount: \$10]

Deleted: - 100

| [Calendar Year Individual Maximum Benefit: \$20]

Deleted: - 200

| [Calendar Year Family Maximum Benefit: \$20]

Deleted: - 300

Aetna Life Insurance Company
Wellness Incentive
Explanation of Variability
GR-9N
S-31-05
01

Wellness Incentive
General Comments

- The term “Schedule of Benefits” may be changed to “Summary of Benefits”.
- The term “calendar” may be changed to “plan”, “policy”, “365 consecutive day period”, or “12 consecutive month period”. The statement “12 consecutive month period” may also be changed to “24 consecutive month period.”
 1. The benefit award amount will vary, but will not be less than \$10.
 2. When the Calendar Year Individual and Family Maximums are included, the amounts will vary, but will not be less than \$20.