

SERFF Tracking Number: GDPR-126182168 State: Arkansas
Filing Company: The Prudential Insurance Co. of America State Tracking Number: 42659
Company Tracking Number: AR 09 HB 2244 MM
TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005C Individual - Other
Product Name: Individual Health Major Medical Insurance
Project Name/Number: Orthotic and Prosthetic Devices/AR 09 HB 2244 MM

Filing at a Glance

Company: The Prudential Insurance Co. of America

Product Name: Individual Health Major Medical SERFF Tr Num: GDPR-126182168 State: ArkansasLH
Insurance

TOI: H16I Individual Health - Major Medical

SERFF Status: Closed

State Tr Num: 42659

Sub-TOI: H16I.005C Individual - Other

Co Tr Num: AR 09 HB 2244 MM

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Rosalind Minor

Author: Laura Quinn

Disposition Date: 06/16/2009

Date Submitted: 06/15/2009

Disposition Status: Approved-Closed

Implementation Date Requested: 07/31/2009

Implementation Date:

State Filing Description:

General Information

Project Name: Orthotic and Prosthetic Devices

Status of Filing in Domicile: Not Filed

Project Number: AR 09 HB 2244 MM

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Prudential is not required to file this endorsement in its domicile.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 06/16/2009

Explanation for Other Group Market Type:

State Status Changed: 06/16/2009

Deemer Date:

Corresponding Filing Tracking Number: AR 09 HB 2244 MM

Filing Description:

The Prudential Insurance Company of America

Individual Health Major Medical Expense Insurance

Endorsement Form: AR 09 HB 2244 MM (Orthotic and Prosthetic Devices and Services)

Dear Madame or Sir:

SERFF Tracking Number: *GDPR-126182168* *State:* *Arkansas*
Filing Company: *The Prudential Insurance Co. of America* *State Tracking Number:* *42659*
Company Tracking Number: *AR 09 HB 2244 MM*
TOI: *H161 Individual Health - Major Medical* *Sub-TOI:* *H161.005C Individual - Other*
Product Name: *Individual Health Major Medical Insurance*
Project Name/Number: *Orthotic and Prosthetic Devices/AR 09 HB 2244 MM*

On behalf of The Prudential Insurance Company of America (Prudential), we are submitting endorsement form AR 09 HB 2244 MM for approval. Prudential will use the endorsement form with Individual Health Major Medical policy forms SA MM-65 and SA XH-65 in order to bring them into compliance with Arkansas House Bill 2244 (Mandatory Benefits for Orthotic or Prosthetic Devices of Services). In accordance with the new law, the endorsement will provide coverage for orthotic and prosthetic devices and services that are medically necessary and prescribed by a licensed doctor, orthotist, or prosthetist. The coverage provided will include replacement and repair of such devices and related services once every three years, unless medically necessary. The endorsement will become effective on July 31, 2009.

Policy form SA MM-65 and SA XH-65 represent a closed block of business. Nationally, Prudential ceased marketing health insurance in 1994; however, it continues to update its inforce policies as needed.

As permitted by Arkansas Code §23-80-207, we hereby request that you approve this endorsement notwithstanding its Flesch reading ease score of 17. The lower score, however, is wholly caused by policy language that is drafted to conform to the requirements of the state mandated benefit law. As you can see, the endorsement tracks the language of the law in order to ensure that the endorsement accurately captures the intended scope and terms of coverage. Also, the endorsement contains medical terminology. A certificate of readability is enclosed.

There will be no premium changes effective with this endorsement. Prudential, however, will continue to monitor the experience for possible future adjustments in rates.

Prudential's domicile, New Jersey, does not require payment of fee for endorsement filings. Therefore the total Arkansas fee for this filing is \$50.00.

Prudential has authorized us to make this filing on its behalf, as set forth in the enclosed Letter of Authorization. Should you required additional information for the completion of this filing, please let us know.

Yours truly,

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Laura E. Quinn
 Senior Paralegal
 Goodwin Procter LLP

Telephone: 800-341-9867
 Email: lquinn@goodwinprocter.com

Company and Contact

Filing Contact Information

(This filing was made by a third party - goodwinprocterllp)

Laura Quinn, Senior Paralegal lquinn@goodwinprocter.com
 Goodwin Procter LLP (800) 341-9867 [Phone]
 Washington, DC 20001 (202) 346-4000[FAX]

Filing Company Information

The Prudential Insurance Co. of America CoCode: 68241 State of Domicile: New Jersey
 751 Broad Street Group Code: 304 Company Type: LAH
 Newark, NJ 07102 Group Name: Prudential of Amer State ID Number:
 (800) 341-9867 ext. [Phone] FEIN Number: 22-1211670

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: Prudential's domicile, New Jersey, does not charge a fee for filing endorsement form. Therefore

Akansas Fee (\$50.00) + New Jersey Fee (\$0.00) = \$50.00

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Prudential Insurance Co. of America	\$50.00	06/15/2009	28584388

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Project Name/Number: *Orthotic and Prosthetic Devices/AR 09 HB 2244 MM*

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	06/16/2009	06/16/2009

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Disposition

Disposition Date: 06/16/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *GDPR-126182168* State: *Arkansas*
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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
Supporting Document	Letter of Authorization	Approved-Closed	Yes
Form	Endorsement	Approved-Closed	Yes

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Form Schedule

Lead Form Number: AR 09 HB 2244 MM

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	AR 09 HB 2244 MM	Policy/Cont ract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Endorsement	Initial		17	AR 09 HB 2244 MM.pdf

THE PRUDENTIAL INSURANCE COMPANY OF AMERICA

NEWARK, NEW JERSEY

ENDORSEMENT

Effective July 31, 2009 or as of the effective date of Your Policy, whichever is later, Eligible Expenses is amended to add the following provision:

(1) Coverage is provided for eligible charges equal to eighty percent (80%) of Medicare allowables (as defined by the Center for Medicare Medicaid Services, Healthcare Common Procedure Coding System as of January 1, 2009, or as of a later date if adopted by rule of the Insurance Commissioner) for:

- (A) an orthotic device;
- (B) an orthotic service;
- (C) a prosthetic device; and
- (D) a prosthetic service.

(2) In order to receive this coverage, the orthotic device, orthotic service, prosthetic device, or prosthetic service must be prescribed by a licensed doctor of medicine, doctor of osteopathy, or doctor of podiatric medicine and provided by a doctor of medicine, a doctor of osteopathy, a doctor of podiatric medicine, an orthotist, or a prosthetist licensed by the State of Arkansas.

(3) When replacement or repair of the orthotic device or prosthetic device is necessitated by anatomical change or normal use, coverage is provided for the necessary repair and replacement. Coverage is not provided when such repair or replacement is necessitated by misuse or loss.

Coverage is not provided for an orthotic device, orthotic service, prosthetic device, or prosthetic service for a replacement that occurs more frequently than one (1) time every three (3) years unless medically necessary.

(4) Eligible charges and limits of or exclusions from this coverage are based on medical necessity which may include:

- (A) the information and recommendation from the treating physician in consultation with the insured; and
- (B) the results of a functional limit test. A "functional limit test" includes without limitation the covered person's:
 - (i) medical history, including prior use of orthotic devices or prosthetic devices if applicable;

(ii) current condition, including the status of the musculoskeletal system and the nature of other medical problems; and

(iii) desire to:

1. ambulate with respect to lower-limb orthotic devices or prosthetic devices; or

2. maximize upper-limb function with respect to upper-limb orthotic devices or prosthetic devices.

(5) The following definitions apply to this coverage:

(A) An “orthotic device” means an external device that is:

(i) intended to restore physiological function or cosmesis to a patient; and

(ii) custom-designed, fabricated, assembled, fitted, or adjusted for the patient using the device prior to or concurrent with the delivery of the device to the patient.

An “orthotic device” does not include a cane, a crutch, a corset, a dental appliance, an elastic hose, an elastic support, a fabric support, a generic arch support, a low-temperature plastic splint, a soft cervical collar, a truss, or other similar device that:

(i) is carried in stock and sold without therapeutic modification by a corset shop, department store, drug store, surgical supply facility, or similar retail entity; and

(ii) has no significant impact on the neuromuscular, musculoskeletal, or neuromusculoskeletal functions of the body.

(B) An “orthotic service” means the evaluation and treatment of a condition that requires the use of an orthotic device.

(C) A “prosthetic device” means an external device that is:

(i) intended to replace an absent external body part for the purpose of restoring physiological function or cosmesis to a patient; and

(ii) custom-designed, fabricated, assembled, fitted, or adjusted for the patient using the device prior to or concurrent with being delivered to the patient.

A “prosthetic device” does not include an artificial eye, an artificial ear, a dental appliance, a cosmetic device such as artificial eyelashes or wigs, a device used exclusively for athletic purposes, an artificial facial device, or other device that does not

have a significant impact on the neuromuscular, musculoskeletal, or neuromusculoskeletal functions of the body.

(D) A “prosthetic service” means the evaluation and treatment of a condition that requires the use of a prosthetic device.

(6) This coverage is subject to the same deductibles and coinsurance, if applicable, and to all other terms, conditions, and limitations that apply to other benefits covered by Your Policy.

The Prudential Insurance Company of America

By

Secretary

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Review Status:
Satisfied -Name: Flesch Certification Approved-Closed 06/16/2009
Comments:
Attached is a signed certification of the Flesch score of the endorsement form.
Attachments:
Flesch Score Certification.pdf
Flesch Score AR 09 HB 2244 MM.pdf

Review Status:
Bypassed -Name: Application Approved-Closed 06/16/2009
Bypass Reason: This requirement is not applicable to the attached form because it is an endorsement that will be used for the sole purpose of bringing a closed block of individual health major medical expense plans into compliance with Arkansas House Bill 2244, which mandates coverage for orthotic and prosthetic devices and services.
Comments:

Review Status:
Bypassed -Name: Health - Actuarial Justification Approved-Closed 06/16/2009
Bypass Reason: This requirement is not applicable. There will be no rate increase effective with this filing.
Comments:

Review Status:
Bypassed -Name: Outline of Coverage Approved-Closed 06/16/2009
Bypass Reason: This requirement is not applicable to the attached form because it is an endorsement that will be used for the sole purpose of bringing a closed block of individual health major medical expense plans into compliance with Arkansas House Bill 2244, which mandates coverage for orthotic and prosthetic devices and services.
Comments:

Review Status:
Satisfied -Name: Letter of Authorization Approved-Closed 06/16/2009
Comments:
Prudential has authorized us to make this filing on its behalf, as set forth in the enclosed Letter of Authorization.

SERFF Tracking Number: *GDPR-126182168* State: *Arkansas*
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Attachment:

Jan 2009 Letter of Authorization.pdf



Prudential

Sue U. Patel, ASA, MAAA

Vice President, Actuarial

Enterprise Discontinued Business Solutions

The Prudential Insurance Company of America

751 Broad Street, Newark NJ 07102

Tel 973 367-3011 Fax 973 367-8737

surangi.patel@prudential.com

CERTIFICATION

Form Number: AR 09 HB 2244 MM

In accordance with Arkansas Statute § 23-80-206 (d), I certify that the Flesch score for this form (including all of its words) is lower than the minimum required, but that it should be approved as permitted by §23-80-207. I further certify that the lower score is caused by policy language that has been drafted to conform to the requirements of Arkansas mandated benefit law, and because the score is warranted by the nature of the policy form (a health insurance endorsement containing medical terminology).

Surangi Patel

Surangi Patel

Vice President, Actuarial

6/12/09

Date

AR 09 HB 2244 MM.doc - Microsoft Word

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Type a question for help

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Insert Flags Update Flags Hide/Show Flags Delete Flags Times New Roman 14 B U Redefine Style

LMFAP

Readability Statistics

Counts	
Words	660
Characters	3658
Paragraphs	38
Sentences	14
Averages	
Sentences per Paragraph	1.1
Words per Sentence	24.4
Characters per Word	5.4
Readability	
Passive Sentences	21%
Flesch Reading Ease	17.0
Flesch-Kincaid Grade Level	16.9

OK

THE PRUDEN OF AMERICA

Effective July 31, 2009 or Expenses is amended to ad hever is later, Eligible

(1) Coverage is provided for eligible charges equal to eighty percent (80%) of Medicare allowables (as defined by the Center for Medicare Medicaid Services, Healthcare Common Procedure Coding System as of January 1, 2009, or as of a later date if adopted by rule of the Insurance Commissioner) for:

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- (B) an orthotic service;

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Sue U. Patel, ASA, MAAA

Vice President, Actuarial

Enterprise Discontinued Business Solutions

The Prudential Insurance Company of America

751 Broad Street, Newark NJ 07102

Tel 973 367-3011 Fax 973 367-8737

surangi.patel@prudential.com

Letter of Authorization

TO: Department of Insurance

Prudential Insurance Company of America ("Prudential") has entered into an agreement with Goodwin Procter LLP (with which Shea & Gardner has combined) for Goodwin Procter LLP to perform individual health insurance policy endorsement filing services on Prudential's behalf. The agreement provides, in part, that Goodwin Procter LLP is authorized to prepare and file for approval with state insurance departments, endorsements, or similar documents relating to Prudential's individual health insurance policies. Goodwin Procter LLP is also authorized to receive and to make, on Prudential's behalf, written and oral communications with state insurance departments for the purpose of completing the filing process.

Please accept this letter of authorization for the purpose stated above. This letter of authorization will expire on December 31, 2009. Should you have any questions regarding this matter, please contact me at the address stated above.

A handwritten signature in blue ink, appearing to read "Sue U. Patel", written over a horizontal line.

Sue U. Patel

Vice President, Actuarial