

SERFF Tracking Number: USHG-126163009 State: Arkansas
Filing Company: National Foundation Life Insurance Company State Tracking Number: 42462
Company Tracking Number: ORPD-AE-AR-NFL
TOI: H15G Group Health - Hospital/Surgical/Medical Sub-TOI: H15G.001 Any Size Group
Expense
Product Name: ORPD-AE-AR-NFL
Project Name/Number: ORPD-AE-AR-NFL/ORPD-AE-AR-NFL

Filing at a Glance

Company: National Foundation Life Insurance Company

Product Name: ORPD-AE-AR-NFL

SERFF Tr Num: USHG-126163009 State: ArkansasLH

TOI: H15G Group Health -

SERFF Status: Closed

State Tr Num: 42462

Hospital/Surgical/Medical Expense

Sub-TOI: H15G.001 Any Size Group

Co Tr Num: ORPD-AE-AR-NFL

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Rosalind Minor

Author: Georgiana Cozine

Disposition Date: 06/08/2009

Date Submitted: 05/22/2009

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: ORPD-AE-AR-NFL

Status of Filing in Domicile: Pending

Project Number: ORPD-AE-AR-NFL

Date Approved in Domicile:

Requested Filing Mode:

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: Association

Filing Status Changed: 06/08/2009

Explanation for Other Group Market Type:

State Status Changed: 06/08/2009

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Amendatory endorsement

Company and Contact

Filing Contact Information

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Project Name/Number: ORPD-AE-AR-NFL/ORPD-AE-AR-NFL

Georgiana Cozine, Product Analyst cozineG@ushealthgroup.com
3100 Burnett Plaza (817) 878-3812 [Phone]
Fort Worth, TX 76102 (817) 878-3310[FAX]

Filing Company Information

National Foundation Life Insurance Company CoCode: 98205 State of Domicile: Texas
3100 Burnett Plaza Group Code: 839 Company Type: Accident, Life and Health

801 Cherry Street, Unit 33
Fort Worth, TX 76102 Group Name: State ID Number:
(817) 878-3328 ext. [Phone] FEIN Number: 73-1187572

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Filing Fees

Fee Required? Yes
Fee Amount: \$100.00
Retaliatory? Yes
Fee Explanation: 1 X 100 = \$100.00
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
National Foundation Life Insurance Company	\$100.00	05/22/2009	28063382

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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
Amendatory Form Endorsement		Georgiana Cozine	06/04/2009	06/04/2009

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Note to reviewer	Note To Filer	Rosalind Minor	05/28/2009	05/28/2009
Pending Filing	Note To Reviewer	Georgiana Cozine	05/27/2009	05/27/2009

SERFF Tracking Number: USHG-126163009 *State:* Arkansas
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Disposition

Disposition Date: 06/08/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: USHG-126163009 State: Arkansas
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 Product Name: ORPD-AE-AR-NFL
 Project Name/Number: ORPD-AE-AR-NFL/ORPD-AE-AR-NFL

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
Form (revised)	Amendatory Endorsement	Approved-Closed	Yes
Form	Amendatory Endorsement	Replaced	Yes

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 Expense
 Product Name: ORPD-AE-AR-NFL
 Project Name/Number: ORPD-AE-AR-NFL/ORDP-AE-AR-NFL

Amendment Letter

Amendment Date:
 Submitted Date: 06/04/2009

Comments:

Thank you. I have attached a revised form for your review.

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
ORPD-AE-AR-NFL	Certificate Amendment, Endorsement or Rider	Amendatory Initial	Initial				43	ORPD-AE-AR-NFL.pdf

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Expense
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Project Name/Number: ORPD-AE-AR-NFL/ORPD-AE-AR-NFL

Note To Filer

Created By:

Rosalind Minor on 05/28/2009 12:43 PM

Last Edited By:

Rosalind Minor

Submitted On:

06/08/2009 09:30 AM

Subject:

Note to reviewer

Comments:

No problem

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Note To Reviewer

Created By:

Georgiana Cozine on 05/27/2009 10:53 AM

Last Edited By:

Rosalind Minor

Submitted On:

06/08/2009 09:30 AM

Subject:

Pending Filing

Comments:

Could we please put your review of this form on hold for a couple of days. There are a couple of minor revisions we would like to make before further review.

Thank you.

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 Project Name/Number: ORPD-AE-AR-NFL/ORDP-AE-AR-NFL

Form Schedule

Lead Form Number: ORPD-AE-AR-NFL

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	ORDP-AE-AR-NFL	Certificate Amendmen	Amendatory Endorsement t, Insert Page, Endorseme nt or Rider	Initial		43	ORDP-AE-AR-NFL.pdf

NATIONAL FOUNDATION LIFE INSURANCE COMPANY

[3100 Burnett Plaza • 801 Cherry Street, Unit 33 • Fort Worth, Texas 76102 • 1-800-221-9039]

AMENDATORY ENDORSEMENT

This Amendatory Endorsement is issued to and made a part of **[Your Certificate]** **[Your Certificate]** to which it is attached. This Amendatory Endorsement changes **[Your Certificate]** **[Your Certificate]** as follows:

The following **DEFINITIONS** are hereby added:

“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.

“Orthotic Service” means the evaluation and treatment of a condition that requires the use of an orthotic device.

“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.

“Prosthetic Service” means the evaluation and treatment of a condition that requires the use of a prosthetic device.

The following **[SICKNESS AND INJURY] BENEFIT** is added:

PROSTHETIC AND ORTHOTIC DEVICE BENEFIT

[Benefits] **[Benefits]** include **[Covered Expenses]** **[Covered Expenses]** for **[Medically Necessary]** **[Medically Necessary]** services and supplies for the effective use of a **Prosthetic** or **Orthotic Device**, including formulating its design, fabrication, material and component selection, measurements, fittings, static and dynamic alignments, and instructing the patient in the use of the device. The repair and replacement of a **Prosthetic** or **Orthotic Device** will be considered a covered **[Benefit]** **[Benefit]** unless necessitated by misuse or loss.

The following **[EXCLUSIONS]** **[Exclusions]** are added:

[21] expenses for 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 except as stated in the **PROSTHETIC AND ORTHODIC DEVICE BENEFIT** section of **[Your Certificate]** **[Your Certificate]** 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.

[22] expenses for artificial eyes, ears, dental appliances, a cosmetic device such as artificial eyelashes or wigs, a device used exclusively for athletic purposes, an artificial facial device, or other device except as stated in the **PROSTHETIC AND ORTHODIC DEVICE BENEFIT** section of **[Your Certificate]** **[Your Certificate]** that does not have significant impact on the neuromuscular, musculoskeletal, or neuromusculoskeletal functions of the body.

This AMENDATORY ENDORSEMENT is subject to all the terms, conditions, limitations, exclusions, and definitions of the **[Certificate]** **[Certificate]** to which it is attached not inconsistent herewith. In all other respects, the coverage remains the same.



SECRETARY



PRESIDENT

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name:	Flesch Certification	Review Status:	Approved-Closed	06/08/2009
Comments:				
Attachment:				
FLESCH.NFL.pdf				
Bypassed -Name:	Application	Review Status:	Approved-Closed	06/08/2009
Bypass Reason:	Not applicable			
Comments:				
Satisfied -Name:	Cover Letter	Review Status:	Approved-Closed	06/08/2009
Comments:				
Attachment:				
ORPD-AE-AR-NFL Cover Letter.pdf				

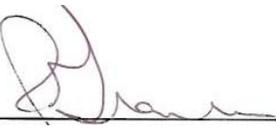
NATIONAL FOUNDATION LIFE INSURANCE COMPANY

READABILITY CERTIFICATION

I hereby certify that the forms, listed below, have been properly scored and have achieved the Flesch Score, as indicated.

<u>Form Number</u>	<u>Flesch Score</u>
ORPD-AE-AR-NFL	43.25
(Scored with insurance forms)	

Name: Ranita Grauwiler

Signature:  _____

Title: Vice President

Dated: May 22, 2009

NATIONAL FOUNDATION LIFE INSURANCE COMPANY

3100 Burnett Plaza • 801 Cherry Street, Unit 33 • Fort Worth, Texas 76102 • 1-800-221-3039

May 22, 2009

Honorable Joy Bradford
Commissioner of Insurance
Insurance Division
1200 W. Third Street
Little Rock, AR 72201

Re: **National Foundation Life Insurance Company**
NAIC # 98205 FEIN # 73-1187572

Form
ORPD-AE-AR-NFL Amendatory Endorsement

Dear Commissioner:

The above referenced form is submitted for your approval. This is a new form and not intended to replace any previously approved forms.

This form is being submitted to bring the company's insurance forms into compliance with the requirements of Arkansas Insurance Code 23-99-417 regarding benefits for Orthodic Devices and Services and Prosthetic Devices and Services. All forms issued or renewed after the July 6, 2009 effective date will have this endorsement attached.

Due to various wording in our forms I have submitted the endorsement with optional language bracketed. This would enable us to use the form without having to file several different endorsements.

Thank you for your review. Should you have any questions or comments, please contact me at 1-800-221-9039, ext 812 or by email at cozineg@ushealthgroup.com.

Sincerely,



Georgiana Cozine, FLMI
Product Analyst
Product Development
(817) 878-3812

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Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Form	Amendatory Endorsement	05/22/2009	ORPD-AE-AR-NFL.pdf

NATIONAL FOUNDATION LIFE INSURANCE COMPANY

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AMENDATORY ENDORSEMENT

This Amendatory Endorsement is issued to and made a part of **Your Certificate** to which it is attached. This Amendatory Endorsement changes **Your Certificate** as follows:

The following **DEFINITION** is hereby deleted and replaced with the following:

"Provider" means any licensed practitioner of the healing arts as recognized by the laws of the state in which he or she practices medicine. The **Provider** must be acting within the scope of such license while rendering **Medically Necessary** professional service to [a/an] **[[Covered] Insured]** [Covered] Insured], and cannot be a member of the **[[Covered] Insured's Family]** [[Covered] Insured's Family].

The following **DEFINITIONS** are hereby added:

"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.

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 not significant impact on the neuromuscular, musculoskeletal, or neuromusculoskeletal functions of the body.

"Orthotic Service" means the evaluation and treatment of a condition that requires the use of an orthotic device.

"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.

Prosthetic Device does not include artificial eyes, ears, dental appliances, 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 significant impact on the neuromuscular, musculoskeletal, or neuromusculoskeletal function of the body.

"Prosthetic Service" means the evaluation and treatment of a condition that requires the use of a prosthetic device.

The following **SICKNESS AND INJURY BENEFIT** is hereby added:

PROSTHETIC AND ORTHOTIC DEVICE BENEFIT

Benefits include **Covered Expenses** for **Medically Necessary** services and supplies for the effective use of a **Prosthetic** or **Orthotic Device**, including formulating its design, fabrication, material and component selection, measurements, fittings, static and dynamic alignments, and instructing the patient in the use of the device. The repair and replacement of a **Prosthetic** or **Orthotic Device** will be considered a covered **Benefit** unless necessitated by misuse or loss.

This AMENDATORY ENDORSEMENT is subject to all the terms, conditions, limitations, exclusions, and definitions of the **Certificate** to which it is attached not inconsistent herewith. In all other respects, the coverage remains the same.



SECRETARY



PRESIDENT