

SERFF Tracking Number: USHG-126182832 State: Arkansas  
Filing Company: National Foundation Life Insurance Company State Tracking Number: 42618  
Company Tracking Number: IORPD-AE-AR-NFL  
TOI: H15I Individual Health - Sub-TOI: H15I.001 Health - Hospital/Surgical/Medical  
Hospital/Surgical/Medical Expense Expense  
Product Name: IORPD-AE-AR-NFL  
Project Name/Number: IORPD-AE-AR-NFL/ATORPD-AE-AR-NFL

## Filing at a Glance

Company: National Foundation Life Insurance Company

Product Name: IORPD-AE-AR-NFL

SERFF Tr Num: USHG-126182832 State: ArkansasLH

TOI: H15I Individual Health -

SERFF Status: Closed

State Tr Num: 42618

Hospital/Surgical/Medical Expense

Sub-TOI: H15I.001 Health -

Co Tr Num: IORPD-AE-AR-NFL

State Status: Approved-Closed

Hospital/Surgical/Medical Expense

Filing Type: Form

Co Status:

Reviewer(s): Rosalind Minor

Authors: Shari McBride, Georgiana

Disposition Date: 06/16/2009

Cozine

Date Submitted: 06/09/2009

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: IORPD-AE-AR-NFL

Status of Filing in Domicile: Not Filed

Project Number: IORPD-AE-AR-NFL

Date Approved in Domicile:

Requested Filing Mode:

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: 06/16/2009

Explanation for Other Group Market Type:

State Status Changed: 06/16/2009

Deemer Date:

Corresponding Filing Tracking Number: IORPD-AE-AR-NFL

Filing Description:

Amendatory Endorsement to Provide required Orthotic Device, Prosthetic Device, Orthotic Service, and Prosthetic Service mandated benefit.



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Hospital/Surgical/Medical Expense Expense  
Product Name: IORPD-AE-AR-NFL  
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## 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.



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## Form Schedule

Lead Form Number: IORPD-AE-AR-NFL

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	IORPD-AE-AR-NFL	Policy/Cont ract/Fratern	Amendatory Endorsement	Initial			IORPD-AE-AR-NFL.pdf
			al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider				

# 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 the policy to which it is attached. This Amendatory Endorsement changes apply only to policies issued and delivered to residents of the state of Arkansas.

The Policy is amended 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 **BENEFIT** is 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.

The following **EXCLUSIONS** are added:

[(z)] 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 Orthotic Device Benefit section 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.

[(aa)] 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 Orthotic Device Benefit section 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 policy 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

<p><b>Satisfied -Name:</b> Flesch Certification  <b>Comments:</b>  <b>Attachment:</b>          IORPD-AE-AR-NFL FLESCH.pdf</p>	<p><b>Review Status:</b>          Approved-Closed 06/16/2009</p>
<p><b>Bypassed -Name:</b> Application  <b>Bypass Reason:</b> Not Applicable  <b>Comments:</b></p>	<p><b>Review Status:</b>          Approved-Closed 06/16/2009</p>
<p><b>Bypassed -Name:</b> Health - Actuarial Justification  <b>Bypass Reason:</b> Not applicable  <b>Comments:</b></p>	<p><b>Review Status:</b>          Approved-Closed 06/16/2009</p>
<p><b>Bypassed -Name:</b> Outline of Coverage  <b>Bypass Reason:</b> Not Applicable  <b>Comments:</b></p>	<p><b>Review Status:</b>          Approved-Closed 06/16/2009</p>
<p><b>Satisfied -Name:</b> Cover Letter  <b>Comments:</b>  <b>Attachment:</b>          IORPD-AE-AR-NFL Cover Letter.pdf</p>	<p><b>Review Status:</b>          Approved-Closed 06/16/2009</p>

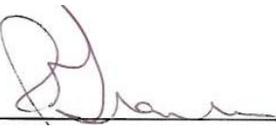
**NATIONAL FOUNDATION LIFE INSURANCE COMPANY**

**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>
IORPD-AE-AR-FLIC	42.25
(Scored with insurance forms)	

Name: Ranita Grauwiler

Signature:  \_\_\_\_\_

Title: Vice President

Dated: June 9, 2009

# NATIONAL FOUNDATION LIFE INSURANCE COMPANY

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

June 9, 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**  
IORPD-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](mailto:cozineg@ushealthgroup.com).

Sincerely,



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