

SERFF Tracking Number: USHG-126185460 State: Arkansas  
Filing Company: National Foundation Life Insurance Company State Tracking Number: 42637  
Company Tracking Number: BK-CHOICE-ORPD-AE-AR-NFL  
TOI: H15G Group Health - Hospital/Surgical/Medical Sub-TOI: H15G.001 Any Size Group  
Expense  
Product Name: BK-CHOICE-ORPD-AE-AR-NFL  
Project Name/Number: BK-CHOICE-ORPD-AE-AR-NFL/BK-CHOICE-ORPD-AE-AR-NFL

## Filing at a Glance

Company: National Foundation Life Insurance Company

Product Name: BK-CHOICE-ORPD-AE-AR-NFL SERFF Tr Num: USHG-126185460 State: ArkansasLH  
NFL

TOI: H15G Group Health - Hospital/Surgical/Medical Expense SERFF Status: Closed State Tr Num: 42637

Sub-TOI: H15G.001 Any Size Group Co Tr Num: BK-CHOICE-ORPD-AE-AR-NFL State Status: Approved-Closed

Filing Type: Form Co Status: Reviewer(s): Rosalind Minor  
Author: Georgiana Cozine Disposition Date: 06/16/2009  
Date Submitted: 06/10/2009 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

## General Information

Project Name: BK-CHOICE-ORPD-AE-AR-NFL  
Project Number: BK-CHOICE-ORPD-AE-AR-NFL  
Requested Filing Mode:

Explanation for Combination/Other:  
Submission Type: New Submission  
Overall Rate Impact:  
Filing Status Changed: 06/16/2009

Deemer Date:

Filing Description:

Amendatory Endorsement for Orthotic Devices and Services and Prosthetic Devices and Services.

Status of Filing in Domicile: Not Filed  
Date Approved in Domicile:  
Domicile Status Comments: Not required in state of domicile  
Market Type: Group  
Group Market Size: Small and Large  
Group Market Type: Association  
Explanation for Other Group Market Type:  
State Status Changed: 06/16/2009  
Corresponding Filing Tracking Number: BK-CHOICE-ORPD-AE-AR-NFL

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## Company and Contact

### Filing Contact Information

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? No  
 Fee Explanation: 1 X 100 = \$100.00  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
National Foundation Life Insurance Company	\$100.00	06/10/2009	28490025

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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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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification	Approved-Closed	Yes
<b>Supporting Document</b>	Application	Approved-Closed	Yes
<b>Supporting Document</b>	Cover Letter	Approved-Closed	Yes
<b>Form</b>	Amendatory Endorsement	Approved-Closed	Yes

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## Form Schedule

Lead Form Number: BK-CHOICE-ORPD-AE-AR-NFL

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	BK-CHOICE-ORPD-AE-AR-NFL	Certificate Amendment	Amendatory Endorsement t, Insert Page, Endorsement or Rider	Initial		43	BK-CHOICE-ORPD-AE-AR-NFL 0609.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** to which it is attached. This Amendatory Endorsement changes **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 **Benefit** is added to sections **B. PARTICIPATING PROVIDER SERVICES SUBJECT TO CALENDAR YEAR DEDUCTIBLE** and **D. NON-PARTICIPATING PROVIDER SERVICES**:

### 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 is added to **VII. LIMITATIONS, EXCLUSIONS AND NON-WAIVER**, section **B. EXCLUSIONS**:

- [60.] 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 **SICKNESS AND INJURY BENEFITS** section of **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.
- [61.] 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 **SICKNESS AND INJURY BENEFITS** section of **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** 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

<b>Satisfied -Name:</b> Flesch Certification	<b>Review Status:</b> Approved-Closed	06/16/2009
<b>Comments:</b>		
<b>Attachment:</b> FLESCH.NFL.pdf		
<b>Bypassed -Name:</b> Application	<b>Review Status:</b> Approved-Closed	06/16/2009
<b>Bypass Reason:</b> Not applicable		
<b>Comments:</b>		
<b>Satisfied -Name:</b> Cover Letter	<b>Review Status:</b> Approved-Closed	06/16/2009
<b>Comments:</b>		
<b>Attachment:</b> BK-CHOICE-ORPD-AE-AR-NFL Cover Letter.pdf		

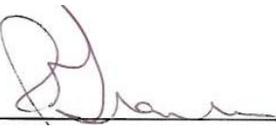
**NATIONAL FOUNDATION LIFE INSURANCE COMPANY**

**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>
BK-CHOICE-ORPD-AE-AR-NFL	43.25
(Scored with insurance forms)	

Name: Ranita Grauwiler

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

Title: Vice President

Dated: June 10, 2009

# NATIONAL FOUNDATION LIFE INSURANCE COMPANY

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

June 10, 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**

**BK-CHOICE-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](mailto:cozineg@ushealthgroup.com).

Sincerely,



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