

SERFF Tracking Number: USLH-126198037 State: Arkansas
 Filing Company: United Security Life and Health Insurance Company State Tracking Number: 42709
 Company Tracking Number: SPCHEAR-AR
 TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001C Any Size Group - Other
 Product Name: Certificate Amendment - Loss or Impairment of Speech or Hearing
 Project Name/Number: Certificate Amendment - Loss or Impairment of Speech or Hearing/

Filing at a Glance

Company: United Security Life and Health Insurance Company

Product Name: Certificate Amendment - Loss or Impairment of Speech or Hearing
 SERFF Tr Num: USLH-126198037 State: ArkansasLH

TOI: H16G Group Health - Major Medical	SERFF Status: Closed	State Tr Num: 42709
Sub-TOI: H16G.001C Any Size Group - Other	Co Tr Num: SPCHEAR-AR	State Status: Approved-Closed
Filing Type: Form	Co Status:	Reviewer(s): Rosalind Minor
	Authors: Lisa Kosvick, Jaime Gettemans	Disposition Date: 06/23/2009
	Date Submitted: 06/19/2009	Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Certificate Amendment - Loss or Impairment of Speech or Hearing
 Status of Filing in Domicile: Not Filed

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small

Overall Rate Impact:

Group Market Type: Discretionary

Filing Status Changed: 06/23/2009

Explanation for Other Group Market Type:

State Status Changed: 06/23/2009

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

The enclosed filings are being submitted for your review and approval. These forms amend Group Certificates, ABC-2008ADCAR, ABC-2008APXAR, ABC-2008PRPAR, ABC-90, PROPLUS-98, and ADVANTAGE-04 to remove Speech Therapy as a limited benefit and add Loss or Impairment of Speech or Hearing as a benefit that is treated as any other illness, specifically:

<i>SERFF Tracking Number:</i>	<i>USLH-126198037</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United Security Life and Health Insurance</i>	<i>State Tracking Number:</i>	<i>42709</i>
	<i>Company</i>		
<i>Company Tracking Number:</i>	<i>SPCHHEAR-AR</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>Certificate Amendment - Loss or Impairment of Speech or Hearing</i>		
<i>Project Name/Number:</i>	<i>Certificate Amendment - Loss or Impairment of Speech or Hearing/</i>		

SPCHHEAR-ABC-90-AR adds Loss or Impairment of Speech or Hearing to our Group Certificates, ABC-90 and PROPLUS-98.

SPCHHEAR-ADVANTAGE-04-AR removes Speech Services from the Special Provisions section of Group Certificate, ADVANTAGE-04, and adds Loss or Impairment of Speech to the Special Provisions section as a benefit that is treated as any other illness.

SPCHHEAR-2008AR removes Speech Therapy from the Rehabilitation Services section of Group Certificates, ABC-2008PRPAR, ABC-2008ADCAR and ABC-2008APXAR, and adds Loss or Impairment of Speech or Hearing to the Eligible Expense section as a benefit that is treated as any other illness.

Once approved, these amendments will be effective on all new business going forward for all Group Certificates, ABC-2008ADCAR, ABC-2008APXAR, ABC-2008PRPAR, ABC-90, PROPLUS-98, and ADVANTAGE-04.

Company and Contact

Filing Contact Information

Jaime Gettemans, 6640 S. Cicero Avenue Bedford Park, IL 60638	jaim egettemans@jandpholdings.com (708) 552-2417 [Phone]
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Filing Company Information

United Security Life and Health Insurance Company 6640 S. Cicero Bedford Park, IL 60638 (708) 475-6000 ext. [Phone]	CoCode: 81108 Group Code: Group Name: FEIN Number: 36-3692140 -----	State of Domicile: Illinois Company Type: State ID Number:
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Filing Fees

Fee Required?	Yes
Fee Amount:	\$150.00

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Retaliatory? No
Fee Explanation: AR ADC 054 00 057 (II)(a)(1)
Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United Security Life and Health Insurance Company	\$150.00	06/19/2009	28696611

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Rosalind Minor	06/23/2009	06/23/2009

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Disposition

Disposition Date: 06/23/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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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
Form	Certificate Amendment	Approved-Closed	Yes
Form	Certificate Amendment	Approved-Closed	Yes
Form	Certificate Amendment	Approved-Closed	Yes

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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	SPCHHEAR-ADVANTAGE-04-AR	Certificate Amendment, Insert Page, Endorsement or Rider	Certificate Amendment	Initial		9	SPCHHEAR-ADVANTAGE-04-AR.pdf
Approved-Closed	SPCHHEAR-ABC-90-AR	Certificate Amendment, Insert Page, Endorsement or Rider	Certificate Amendment	Initial		31	SPCHHEAR-ABC-90-AR.pdf
Approved-Closed	SPCHHEAR-2008AR	Certificate Amendment, Insert Page, Endorsement or Rider	Certificate Amendment	Initial		37	SPCHHEAR-2008AR.pdf

Certificate Amendment

This Certificate Amendment modifies the Certificate to which it is attached and made part of by hereby adding and/or deleting the following language:

Deletions for the Certificate:

The following is hereby deleted from the **SPECIAL PROVISIONS** section of the Certificate:

Outpatient rehabilitation therapy for medically necessary (resulting from an inpatient hospitalization or outpatient surgery) physical, occupational and/or speech services will be covered up to a combined total of 30 visits per person, per calendar year, not to exceed \$3,000.00. Outpatient rehabilitation therapy does not cover treatment for alcoholism, mental or nervous disorders, or substance abuse.

Additions to the Certificate:

The following is hereby added to the **SPECIAL PROVISIONS** section of the Certificate:

Outpatient rehabilitation therapy for medically necessary (resulting from an inpatient hospitalization or outpatient surgery) physical and/or occupational will be covered up to a combined total of 30 visits per person, per calendar year, not to exceed \$3,000.00. Outpatient rehabilitation therapy does not cover treatment for alcoholism, mental or nervous disorders, or substance abuse.

Loss or Impairment of Speech or Hearing: Eligible Expense for the necessary care and treatment of loss or impairment of speech or hearing is subject to the same durational limits, dollar limits, deductibles, and coinsurance factors as other covered services in the Policy.

Coverage provided for in this section does not apply to hearing instruments or devices.

The following is hereby added to the **DEFINITIONS** section of the Certificate:

“Loss or Impairment of Speech or Hearing” means communicative disorders generally treated by a speech pathologist or audiologist licensed by the Board of Examiners in Speech-Language Pathology and Audiology and which fall within the scope of his or her area of certification.

The Amendment takes effect on the approval date from the Arkansas Insurance Department. It remains in force while the Certificate is in force.

United Security Life and Health Insurance Company



Secretary

Certificate Amendment

This Certificate Amendment modifies the Certificate to which it is attached and made part of by hereby adding and/or deleting the following language:

Additions to the Certificate:

The following is hereby added to the **ELIGIBLE EXPENSE** section of the Certificate:

Loss or Impairment of Speech or Hearing: Eligible Expense for the necessary care and treatment of loss or impairment of speech or hearing is subject to the same durational limits, dollar limits, deductibles, and coinsurance factors as other covered services in the Policy.

Coverage provided for in this section does not apply to hearing instruments or devices.

The following is hereby added to the **DEFINITIONS** section of the Certificate:

“Loss or Impairment of Speech or Hearing” means communicative disorders generally treated by a speech pathologist or audiologist licensed by the Board of Examiners in Speech-Language Pathology and Audiology and which fall within the scope of his or her area of certification.

The Amendment takes effect on the approval date from the Arkansas Insurance Department. It remains in force while the Certificate is in force.

United Security Life and Health Insurance Company

A handwritten signature in black ink, appearing to read "Robert J. DeWitt". The signature is written in a cursive style with a large, stylized initial "R".

Secretary

Certificate Amendment

This Certificate Amendment modifies the Certificate to which it is attached and made part of by hereby adding and/or deleting the following language:

Deletions for the Certificate:

The following is hereby deleted from the **DEFINITIONS** section of the Certificate:

“Rehabilitation Services” means services that include:

- Inpatient services provided in a Hospital, a state-licensed rehabilitation facility accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF), or a residential treatment facility that is part of an accredited rehabilitation program;
- physical therapy, occupational therapy, speech therapy, cardiac rehabilitation programs; and
- the evaluation of the need for such therapy performed on an Outpatient basis or in the Insured Person’s home.

Additions to the Certificate:

The following is hereby added to the **DEFINITIONS** section of the Certificate:

“Rehabilitation Services” means services that include:

- Inpatient services provided in a Hospital, a state-licensed rehabilitation facility accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF), or a residential treatment facility that is part of an accredited rehabilitation program;
- physical therapy, occupational therapy, cardiac rehabilitation programs; and
- the evaluation of the need for such therapy performed on an Outpatient basis or in the Insured Person’s home.

The following is hereby added to the **DEFINITIONS** section of the Certificate:

“Loss or Impairment of Speech or Hearing” means communicative disorders generally treated by a speech pathologist or audiologist licensed by the Board of Examiners in Speech-Language Pathology and Audiology and which fall within the scope of his or her area of certification.

The following is hereby added to the **ELIGIBLE EXPENSE** section of the Certificate:

Loss or Impairment of Speech or Hearing: Eligible Expense for the necessary care and treatment of loss or impairment of speech or hearing is subject to the same durational limits, dollar limits, deductibles, and coinsurance factors as other covered services in the Policy.

Coverage provided for in this section does not apply to hearing instruments or devices.

The Amendment takes effect on the approval date from the Arkansas Insurance Department. It remains in force while the Certificate is in force.

United Security Life and Health Insurance Company



Secretary

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Rate Information

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Supporting Document Schedules

Satisfied -Name: Flesch Certification **Review Status:** Approved-Closed 06/23/2009

Comments:

Please find attached the Flesch Certifications for all three Certificate Amendments.

Attachments:

Flesch Certification (SPCHHEAR-2008AR).pdf

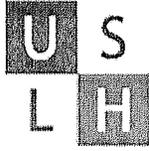
Flesch Certification (SPCHHEAR-ABC-90-AR).pdf

Flesch Certification (SPCHHEAR-ADVANTAGE-04-AR).pdf

Bypassed -Name: Application **Review Status:** Approved-Closed 06/23/2009

Bypass Reason: Does Not Apply.

Comments:



UNITED SECURITY

LIFE AND HEALTH INSURANCE COMPANY

6640 S. Cicero Avenue, Bedford Park, Illinois 60638
(708) 475-6100 (800) 875-4422 Fax: (708) 475-6120

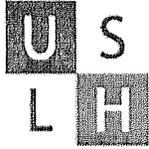
FLESCH CERTIFICATION

This is to certify that the attached Certificate Amendment (SPCHHEAR-2008AR) that deletes Speech Therapy as a limited benefit in the Certificates and adds the Loss or Impairment of Speech or Hearing section to the Group Certificates ABC-2008ADCAR, ABC-2008PRPAR and ABC-2008APXAR, received a Flesch Reading Ease Score of 36.6. This form does not comply with the requirements of A.C.A. 23-80-206, but is in compliance with the requirements of A.C.A. 23-80-207 since it is warranted by the nature of a particular policy form.

A handwritten signature in black ink, appearing to read 'Peter Harmon', written in a cursive style.

Peter Harmon
Senior Vice President

Date



UNITED SECURITY

LIFE AND HEALTH INSURANCE COMPANY

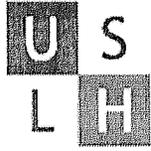
6640 S. Cicero Avenue, Bedford Park, Illinois 60638
(708) 475-6100 (800) 875-4422 Fax: (708) 475-6120

FLESCH CERTIFICATION

This is to certify that the attached Certificate Amendment (SPCHHEAR-ABC-90-AR) that adds the Loss or Impairment of Speech or Hearing section to the Group Certificates ABC-90 and PROPLUS-98, received a Flesch Reading Ease Score of 30.8. This form does not comply with the requirements of A.C.A. 23-80-206, but is in compliance with the requirements of A.C.A. 23-80-207 since it is warranted by the nature of a particular policy form.

Peter Harmon
Senior Vice President

Date



UNITED SECURITY

LIFE AND HEALTH INSURANCE COMPANY

6640 S. Cicero Avenue, Bedford Park, Illinois 60638
(708) 475-6100 (800) 875-4422 Fax: (708) 475-6120

FLESCH CERTIFICATION

This is to certify that the attached Certificate Amendment (SPCHHEAR-ADVANTAGE-04-AR) that deletes Speech Services as a limited benefit in the Certificates and adds the Loss or Impairment of Speech or Hearing section to the Group Certificate ADVANTAGE-04, received a Flesch Reading Ease Score of 8.9. This form does not comply with the requirements of A.C.A. 23-80-206, but is in compliance with the requirements of A.C.A. 23-80-207 since it is warranted by the nature of a particular policy form.

Peter Harmon
Senior Vice President

Date