

SERFF Tracking Number: CMNY-126247236 State: Arkansas
Filing Company: Combined Insurance Company of America State Tracking Number: 43075
Company Tracking Number: UH R63003PAOD 0709-AR
TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.001 Student
Product Name: Blanket Student Accident & Sickness
Project Name/Number: Rider Filing/UH R63003PAOD 0709-AR

Filing at a Glance

Company: Combined Insurance Company of America

Product Name: Blanket Student Accident & Sickness SERFF Tr Num: CMNY-126247236 State: ArkansasLH

Sickness

TOI: H04 Health - Blanket Accident/Sickness SERFF Status: Closed State Tr Num: 43075

Sub-TOI: H04.001 Student Co Tr Num: UH R63003PAOD 0709-AR State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Rosalind Minor

Author: Andrew Mead

Disposition Date: 08/05/2009

Date Submitted: 07/29/2009

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Rider Filing

Status of Filing in Domicile: Not Filed

Project Number: UH R63003PAOD 0709-AR

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: Blanket

Filing Status Changed: 08/05/2009

Explanation for Other Group Market Type:

State Status Changed: 08/05/2009

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

We enclose, for filing, the group insurance forms listed below. These are new forms and are not intended to replace any previously filed form. The variable material in these forms has been indicated by brackets.

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	08/05/2009	08/05/2009

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Disposition

Disposition Date: 08/05/2009

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
Supporting Document	Submission Cover Letter	Approved-Closed	Yes
Form	Prosthetic Appliance and Orthotic Device Expense Benefit Rider	Approved-Closed	Yes
Form	Prostate Cancer Screening Expense Benefit Rider	Approved-Closed	Yes

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Form Schedule

Lead Form Number: UH R63003PAOD 0709-AR

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	UH R63003PAOD 0709-AR	Certificate	Prosthetic Appliance and Orthotic Device t, Insert Expense Benefit Page, Rider Endorsement or Rider	Initial		46	Prosthetic and Orthotic Rider UH R63003PAOD 0709-AR.pdf
Approved-Closed	UH R63003PCS 0709-AR	Certificate	Prostate Cancer Screening Expense t, Insert Benefit Page, Rider Endorsement or Rider	Initial		48	Prostate Cancer Screening Rider UH R63003PCS 0709-AR.pdf

COMBINED INSURANCE COMPANY OF AMERICA
5050 Broadway, Chicago, Illinois 60640

POLICY/CERTIFICATE AMENDMENT

This rider is attached to and made part of Policy No. **[CUH0123456]** issued by **Combined Insurance Company of America** to **[ABC University]**.

Effective **[June 1, 20XX]**, this rider amends the Policy and Certificate by adding the following provision:

PROSTHETIC APPLIANCE AND ORTHOTIC DEVICE EXPENSE BENEFIT

If, by reason of Injury or Sickness, an Insured Person requires the use of a Prosthetic Appliance or Orthotic Device, We will pay the Covered Percentage of the Covered Charges incurred by the Insured Person for the purchase, initial fitting, and needed adjustment of such appliances or devices, as shown in the Plan of Insurance. Such coverage will be equal to [80 – 100]% of Medicare allowables as defined by the Center for Medicare Medicaid Services, Healthcare Common Procedure Coding System.

We do not pay for the replacement of Prosthetic Appliances or Orthotic Devices more frequently than one (1) time every three (3) years unless medically necessary or indicated by other coverage criteria.

What We pay is shown in the Plan of Insurance.

Definitions

“Prosthetic Appliance” means an external appliance that: (1) is intended to replace an absent external body part for the purpose of restoring physiological function or cosmesis to a patient; and (2) is custom-designed, fabricated, assembled, fitted, or adjusted for the patient using the device prior to or concurrent with being delivered to the patient.

Prosthetic Appliance 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.

“Orthotic Device” means an external device that: (1) is intended to restore physiological function or cosmesis to a patient; and (2) is 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: (1) 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 (2) has no significant impact on the neuromuscular, musculoskeletal, or neuromusculoskeletal functions of the body

What We pay is shown in the Plan of Insurance.

Signed for **Combined Insurance Company of America**

Handwritten signature of Doug R. Wendt in black ink.

Chairman and
Chief Executive Officer

Handwritten signature of Paul A. Goldley in black ink.

Secretary

COMBINED INSURANCE COMPANY OF AMERICA
5050 Broadway, Chicago, Illinois 60640

POLICY/CERTIFICATE AMENDMENT

This rider is attached to and made part of Policy No. **[CUH0123456]** issued by **Combined Insurance Company of America** to **[ABC University]**.

Effective **[June 1, 20XX]**, this rider amends the Policy and Certificate by adding the following provision:

PROSTATE CANCER SCREENING EXPENSE BENEFIT RIDER

We will pay the Covered Percentage of the Covered Charges incurred for an annual screening for the early detection of prostate cancer in men over age 40 who are covered under the policy.

Benefits shall not exceed the actual charge for such screening, subject to the maximum shown in the Plan of Insurance.

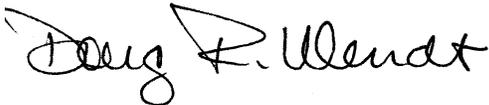
The screening must be performed by a qualified medical professional. This includes a urologist, internist, general practitioner, doctor of osteopathy, nurse practitioner or physician assistant. The screening will consist, at a minimum, of the following tests:

- (a) a prostate-specific antigen (PSA) blood test;
- (b) digital rectal examination.

We cover such charges the same way We treat Covered Charges for any other Sickness, except that this benefit is not subject to any Deductible provision.

What We pay is shown in the Plan of Insurance.

Signed for **Combined Insurance Company of America**



Chairman and
Chief Executive Officer



Secretary

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Rate Information

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Supporting Document Schedules

Review Status:
Bypassed -Name: Flesch Certification **Approved-Closed** 08/05/2009
Bypass Reason: Certification included in the attached submission cover letter.
Comments:

Review Status:
Satisfied -Name: Application **Approved-Closed** 08/05/2009
Comments:
The Department previously approved Master Application form UH MA63003 0804-AR on August 30, 2004.

Review Status:
Satisfied -Name: Submission Cover Letter **Approved-Closed** 08/05/2009
Comments:
Attachment:
AR Submission Letter.pdf



July 29, 2009

The Honorable Jay Bradford
Insurance Commissioner
Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

Attention: Life and Health Division

Re: NAIC # 62146
Combined Insurance Company of America
Form #: UH R63003PAOD 0709-AR
UH R63003PCS 0709-AR

Dear Mr. Bradford:

We enclose, for filing, the group insurance forms listed below. These are new forms and are not intended to replace any previously filed form. The variable material in these forms has been indicated by brackets.

<u>Form Number</u>	<u>Description</u>
UH R63003PAOD 0709-AR	Prosthetic Appliance and Orthotic Device Expense Benefit Rider
UH R63003PCS 0709-AR	Prostate Cancer Screening Expense Benefit Rider

These forms are intended for use with Blanket Student Accident & Sickness policy form UH P63003 0804-AR and related certificate and application forms, which were approved by the Department on August 30, 2004.

These forms have not been submitted to our Home State, Illinois, since Illinois does not require the filing of group insurance forms which are for use solely outside the state of Illinois.

Combined Select Programs
331 Newman Springs Road, Building One, 3rd Floor, Suite 133
Red Bank, NJ 07701
Tel.: 732-945-2300; Fax: 732-945-2301

We certify that, in our judgment, the forms in this submission comply with the requirements of Ark. Stat. Ann. Sections 23-80-201 through 23-80-208, cited as the Life and Disability Insurance Policy Language Simplification Act. The forms have been scored separately for the Flesch reading ease test using the computer service to which we subscribe. The test was applied to the entire contract forms and the scores for the forms are shown below.

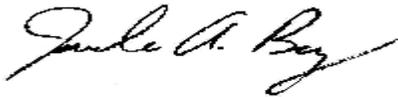
<u>Form</u>	<u>Flesch Score</u>
UH R63003CCE 0408-AR	46.5
UH R63003GAD 0408-AR	47.5

These forms are printed in not less than ten point type, one point leaded.

A payment for \$100.00 as payment of the filing fee is being submitted through SERFF via Electronic Funds Transfer.

If you have any questions, please call Andrew Mead at (732) 945-2320.

Very truly yours,



Jaede A. Barg
Senior Vice President &
Managing Director