

SERFF Tracking Number: USLH-126257967 State: Arkansas  
Filing Company: United Security Life and Health Insurance Company State Tracking Number: 43149  
Company Tracking Number: GP-ABC-90-DANDC-AR  
TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001C Any Size Group - Other  
Product Name: Certificate Amendment - Deductible & Coinsurance Provisions  
Project Name/Number: Certificate Amendment - Deductible & Coinsurance Provisions/GP-ABC-90-DANDC-AR

## Filing at a Glance

Company: United Security Life and Health Insurance Company

Product Name: Certificate Amendment - Deductible & Coinsurance Provisions SERFF Tr Num: USLH-126257967 State: ArkansasLH

Deductible & Coinsurance Provisions

TOI: H16G Group Health - Major Medical SERFF Status: Closed State Tr Num: 43149

Sub-TOI: H16G.001C Any Size Group - Other Co Tr Num: GP-ABC-90-DANDC-AR State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Rosalind Minor

Authors: Lisa Kosvick, Jaime Gettemans

Disposition Date: 08/07/2009

Date Submitted: 08/06/2009

Disposition Status: Approved-Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

## General Information

Project Name: Certificate Amendment - Deductible & Coinsurance Provisions

Status of Filing in Domicile: Pending

Project Number: GP-ABC-90-DANDC-AR

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: 08/07/2009

Explanation for Other Group Market Type:

State Status Changed: 08/07/2009

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

The enclosed filing is being submitted for your review and approval. This form amends Group Certificates, ABC-90 and PROPLUS-98; specifically, removing the three (3) month deductible carry-over and removing the increase in coinsurance.

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Per discussion with Rosalind Minor and Dan Honey, with the exception of 18 current policyholders, once approved this amendment will be effective for all policyholders once we have provided them with the required written notice of the amendment. As for the remaining 18 policyholders, as agreed, this amendment will be effective upon their anniversary dates.

## Company and Contact

### Filing Contact Information

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

### Filing Company Information

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

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: AR ADC 054 00 057 (II)(a)(1)  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United Security Life and Health Insurance Company	\$50.00	08/06/2009	29675021

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	08/07/2009	08/07/2009

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## Disposition

Disposition Date: 08/07/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.



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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	GP-ABC-90-DANDC-AR	Certificate Amendmen	Certificate Amendment - Deductible and Coinsurance Endorsement or Rider	Initial		43	Certificate Amendment-USL&H-AR.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 from the Certificate

I. The following is hereby deleted from the **MAJOR MEDICAL EXPENSE INSURANCE PROVISIONS** section of the Certificate:

#### **“DEDUCTIBLE PROVISIONS”**

The Deductible has these special provisions:

- Three Month Carry-Over: Any portion of the Deductible applied during the last three months of a Benefit Period also applies for the next Benefit Period.
- Common Accident: When 2 or more insured family members are injured in the same accident, only one Deductible must be met for the resulting Expense during that Benefit Period.
- Family Deductible: No more than 3 persons from your family need meet the Deductible in any one Benefit Period.

II. The following is hereby deleted from the **MAJOR MEDICAL EXPENSE INSURANCE PROVISIONS** section of the Certificate:

#### **“COINSURANCE PROVISION”**

We will compute benefits for each Benefit Period this way:

- First, a Deductible may have to be met. Then, We will pay a percentage of the Eligible Expense incurred during that Benefit Period. This Coinsurance percentage is shown in the Schedule of Benefits.
- Second, if We do not pay any benefits in a Benefit Period to you and/or your insured family members, We will pay an additional 5% Coinsurance amount for the next Benefit Period.

In no event may benefits exceed the maximum(s) shown in the Schedule of Benefits.

### Additions to the Certificate

I. The following is hereby added to the **MEDICAL EXPENSE INSURANCE PROVISIONS** section of the Certificate:

#### **“DEDUCTIBLE PROVISIONS”**

The Deductible has these special provisions:

- Common Accident: When 2 or more insured family members are injured in the same accident, only one Deductible must be met for the resulting Expense during that Benefit Period.
- Family Deductible: No more than 3 persons from Your family need meet the Deductible in any one Benefit Period.

II. The following is hereby added to the **MEDICAL EXPENSE INSURANCE PROVISIONS** section of the Certificate:

#### **“COINSURANCE PROVISION”**

We will compute benefits for each Benefit Period this way:

- A Deductible may have to be met. Then, We will pay a percentage of the Eligible Expense incurred during that Benefit Period. This Coinsurance Percentage is shown in the Schedule of Benefits.

In no event may benefits exceed the maximum(s) shown in the Schedule of Benefits.

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**

Rate data does NOT apply to filing.

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## Supporting Document Schedules

**Satisfied -Name:** Flesch Certification **Review Status:** Approved-Closed 08/07/2009  
**Comments:**  
Please find attached the Flesch Certification for this filing.  
**Attachment:**  
Flesch Certification.pdf

**Bypassed -Name:** Application **Review Status:** Approved-Closed 08/07/2009  
**Bypass Reason:** Does Not Apply.  
**Comments:**



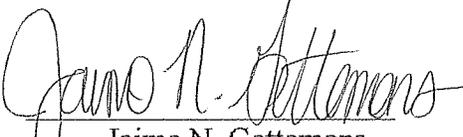
# UNITED SECURITY

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 that amends wording under the Medical Expense Insurance Provisions; specifically the Deductible Provision and Coinsurance Provision in Group Certificate's **ABC-90** and **PROPLUS-98** received a Flesch Reading Ease Score of 42.6. This form complies with the requirements of A.C.A. 23-80-206, cited as the Life and Disability Insurance Policy Language Simplification Act.

  
Jaime N. Gettemans  
Compliance Department

3/10/2009  
Date