

SERFF Tracking Number: AENX-126295492 State: Arkansas
Filing Company: Aetna Life Insurance Company State Tracking Number: 43444
Company Tracking Number: AH AR0204401F01
TOI: H17G Group Health - Prescription Drug Sub-TOI: H17G.000 Health - Prescription Drug
Product Name: 2009 Law Department
Project Name/Number: 2009 Law Department/AH AR0204401F01

Filing at a Glance

Company: Aetna Life Insurance Company

Product Name: 2009 Law Department

TOI: H17G Group Health - Prescription Drug

Sub-TOI: H17G.000 Health - Prescription Drug

Filing Type: Form

SERFF Tr Num: AENX-126295492 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 43444

Co Tr Num: AH AR0204401F01

Author: SPI AetnaSPI

Date Submitted: 09/04/2009

State Status: Approved-Closed

Reviewer(s): Rosalind Minor

Disposition Date: 09/23/2009

Disposition Status: Approved-
Closed

Implementation Date:

Implementation Date Requested:

State Filing Description:

General Information

Project Name: 2009 Law Department

Project Number: AH AR0204401F01

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 09/23/2009

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Group Market Type: Employer

Explanation for Other Group Market Type:

State Status Changed: 09/23/2009

Created By: SPI AetnaSPI

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: SPI AetnaSPI

Filing Description:

The forms listed on the Form Schedule are submitted for your Department's review and approval on a general use basis. The subject forms are new and do not replace any form(s) previously approved by your Department.

The purpose of this filing is to make various revisions to language appearing within the prescription drug benefit related sections of Policy form GR-96134. The intent behind these revisions is to further clarify certain administrative and claim related practices associated with our outpatient prescription drug benefit. These revisions reflect the current practices and anticipated future trends in the pharmacy benefits marketplace, in which prescription drugs may be purchased directly from pharmacies through wholesalers and other third party intermediaries and distributed on a retail or mail order basis.

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Company and Contact

Filing Contact Information

John Ciesielski, Product and Regulatory Affairs CiesielskiJW@Aetna.com

Manager

151 Farmington Avenue 860-279-1282 [Phone]

Mail Stop RW61 860-952-2069 [FAX]

Hartford, CT 06156

Filing Company Information

Aetna Life Insurance Company

CoCode: 60054

State of Domicile: Connecticut

151 Farmington Avenue

Group Code: 1

Company Type:

Hartford, CT 06156

Group Name: Aetna

State ID Number:

(860) 273-7546 ext. [Phone]

FEIN Number: 06-6033492

Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Aetna Life Insurance Company	\$0.00	09/04/2009	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	09/23/2009	09/23/2009

SERFF Tracking Number: AENX-126295492 *State:* Arkansas
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Disposition

Disposition Date: 09/23/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AENX-126295492 State: Arkansas
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Cover Letter	Approved-Closed	Yes
Supporting Document	EOV - AL GE EASTUD01700 V002, EOV - AL GE EASTUD01815 V002, EOV - AL GE EASTUD01830 V002, EOV - AL GE EASTUD01890 V002, EOV - AL GE EASTUD02190 V002, EOV - AL GE EASTU2205-1 V002, EOV - AL GE EASTU2205-2 V002, EOV - AL GE EASTUD02210 V002, EOV - AL , ...	Approved-Closed	Yes
Supporting Document	AR - NAIC TRANSMITTAL DOCUMENT, AR - NAIC FORM FILING ATTACHMENT	Approved-Closed	Yes
Form	Sect 2 - Definitions - Designated Care Provider	Approved-Closed	Yes
Form	Sect 2 - Definitions - Negotiated Charge	Approved-Closed	Yes
Form	Sect 2 - Definitions - Non-Preferred Pharmacy	Approved-Closed	Yes
Form	Sect 2 - Definitions - Preferred Pharmacy	Approved-Closed	Yes
Form	Sect 6 - Coverage - Prescribed Medicines	Approved-Closed	Yes
Form	Sect 6 - Coverage - Prescribed Medicines 2	Approved-Closed	Yes
Form	Sect 6 - Coverage - Prescribed Medicines 2 (Cont)	Approved-Closed	Yes
Form	Sect 6 - Coverage - Prescribed Medicines - Copays/Deductibles	Approved-Closed	Yes
Form	Sect 6 - Coverage - Major Medical - Prescription Drugs	Approved-Closed	Yes
Form	Sect 6 - Coverage - Major Medical - Prescription Drugs (Cont)	Approved-Closed	Yes
Form	Sect 6 - Coverage - Major Medical - Prescription Drugs 2	Approved-Closed	Yes
Form	Sect 6 - Coverage - Major Medical - Prescription Drugs 2 (Cont)	Approved-Closed	Yes
Form	Sect 6 - Coverage - Major Medical - Prescription Drugs - Copays/Deductibles	Approved-Closed	Yes

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Form Schedule

Lead Form Number: GR-96134 1700 ED. 07/09

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 09/23/2009	GR-96134 1700 ED. 07/09	Certificate	Sect 2 - Definitions - Amendmen Designated Care Provider	Initial		52.300	GR-96134 1700 ED_ 07_09.PDF
Approved-Closed 09/23/2009	GR-96134 1815 ED. 07/09	Certificate	Sect 2 - Definitions - Amendmen Negotiated Charge	Initial		44.100	GR-96134 1815 ED_ 07_09.PDF
Approved-Closed 09/23/2009	GR-96134 1830 ED. 07/09	Certificate	Sect 2 - Definitions - Amendmen Non-Preferred Pharmacy	Initial		58.400	GR-96134 1830 ED_ 07_09.PDF
Approved-Closed 09/23/2009	GR-96134 1890 ED. 07/09	Certificate	Sect 2 - Definitions - Amendmen Preferred Pharmacy	Initial		61.000	GR-96134 1890 ED_ 07_09.PDF
Approved-Closed 09/23/2009	GR-96134 2190 ED. 07/09	Certificate	Sect 6 - Coverage - Amendmen Prescribed Medicines	Initial		53.600	GR-96134 2190 ED_ 07_09.PDF
Approved-	GR-96134	Certificate	Sect 6 - Coverage -	Initial		56.800	GR-96134

<i>SERFF Tracking Number:</i>	<i>AENX-126295492</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>AH AR0204401F01</i>		
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<i>Product Name:</i>	<i>2009 Law Department</i>		
<i>Project Name/Number:</i>	<i>2009 Law Department/AH AR0204401F01</i>		
Closed	2205-1 ED. Amendmen Prescribed Medicines		2205-1 ED_
09/23/2009 07/09	t, Insert 2		07_09.PDF
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Approved-	GR-96134 Certificate Sect 6 - Coverage - Initial	54.600	GR-96134
Closed	2205-2 ED. Amendmen Prescribed Medicines		2205-2 ED_
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Approved-	GR-96134 Certificate Sect 6 - Coverage - Initial	66.590	GR-96134
Closed	2210 ED. Amendmen Prescribed Medicines		2210 ED_
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Approved-	GR-96134 Certificate Sect 6 - Coverage - Initial	56.300	GR-96134
Closed	2605 ED. Amendmen Major Medical -		2605 ED_
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Closed	2610 ED. Amendmen Major Medical -		2610 ED_
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Approved-	GR-96134 Certificate Sect 6 - Coverage - Initial	54.000	GR-96134
Closed	2625-1 ED. Amendmen Major Medical -		2625-1 ED_
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Approved-	GR-96134 Certificate Sect 6 - Coverage - Initial	60.000	GR-96134
Closed	2625-2 ED. Amendmen Major Medical -		2625-2 ED_
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<i>SERFF Tracking Number:</i>	<i>AENX-126295492</i>	<i>State:</i>	<i>Arkansas</i>
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<i>TOI:</i>	<i>H17G Group Health - Prescription Drug</i>	<i>Sub-TOI:</i>	<i>H17G.000 Health - Prescription Drug</i>
<i>Product Name:</i>	<i>2009 Law Department</i>		
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[STUDENT ACCIDENT AND SICKNESS INSURANCE]

[SECTION 2 - DEFINITIONS (Continued)]

[Designated Care Provider: A health care provider [or **pharmacy**;) that is affiliated; and has an agreement with the **School Health Services** to furnish services and supplies to students].

[STUDENT ACCIDENT AND SICKNESS INSURANCE]

[SECTION 2 - DEFINITIONS (Continued)]

[Negotiated Charge:

As to Health Expense Coverage, other than Prescription Drug Expense Coverage:

The maximum charge a **Preferred Care Provider** has agreed to make as to any service or supply for the purpose of the benefits under this Policy.

As to Prescription Drug Expense Coverage:

The negotiated charge is the amount **Aetna** has established for each **prescription drug** obtained from a **preferred pharmacy** under this Policy. This negotiated charge may reflect amounts **Aetna** has agreed to pay directly to the **preferred pharmacy** or to a third party vendor for the **prescription drug**, and may include an additional service or risk charge set by **Aetna**.

The negotiated charge does not include or reflect any amount **Aetna**, an affiliate, or a third party vendor, may receive under a rebate arrangement between **Aetna**, an affiliate or a third party vendor and a drug manufacturer for any **prescription drug**, including **prescription drugs** on the **medication formulary**.

Based on its overall drug purchasing, **Aetna** may receive rebates from the manufacturers of **prescription drugs** and may receive or pay additional amounts from or to third parties under price guarantees. These amounts will not change the negotiated charge under this Policy.]

[STUDENT ACCIDENT AND SICKNESS INSURANCE]

[SECTION 2 - DEFINITIONS (Continued)]

[**Non-Preferred Pharmacy:** a **pharmacy** not party to a contract with **Aetna**, an affiliate, or a third party vendor; or a **pharmacy** who is party to such a contract but who does not dispense **prescription drugs** in accordance with its terms.]

[STUDENT ACCIDENT AND SICKNESS INSURANCE]

[SECTION 2 - DEFINITIONS (Continued)]

[**Preferred Pharmacy:** a **pharmacy**; including a **mail order pharmacy**; which is party to a contract with **Aetna**, an affiliate, or a third party vendor, to dispense drugs to persons covered under this Policy; but only:

- While the contract remains in effect; and
- While such a **pharmacy** dispenses a **prescription drug**; under the terms of its contract with **Aetna**, an affiliate, or a third party vendor.]

[STUDENT ACCIDENT AND SICKNESS INSURANCE PROVISIONS CONCERNING]

[SECTION 6 - COVERAGE (Continued)]

[BASIC SICKNESS EXPENSE BENEFIT]

[PRESCRIBED MEDICINES EXPENSE]

[If a **covered person** requires medicines not normally stocked by the **School Health Services**; and if a **prescription drug** is dispensed by a **pharmacy** to a person for treatment of a **sickness** or **injury**; a benefit will be paid; determined from the Benefit Amount subsection; but only if the **pharmacy's** charge for the drug is more than the **copay** or **deductible** amount per **prescription** or refill. The medicines must be prescribed by the **School Health Services physician** or a **Preferred Care Provider**. The **prescriptions** must be filled at a **Preferred Pharmacy**.

A benefit will be paid at the preferred level of coverage for a **prescription drug** dispensed by a **non-preferred pharmacy**:

- For an **emergency condition**; or
- On referral of a person's **Primary Care Physician**.

Benefit Amount

The benefit amount for each covered **prescription drug** or refill prescribed by a **Preferred Care Provider** or **School Health Services Physician** and dispensed by a **preferred pharmacy** will be an amount equal to the Covered Percentage of the total charge less any applicable **copay**. The total charge is determined by:

- The **preferred pharmacy**; and
- **Aetna**, an affiliate, or a third party vendor.

Any amount so determined will be paid to the **preferred pharmacy** on the covered person's behalf.

In figuring the benefit amount; a Separate Brand Name Fee applies to **brand name drugs** in addition to any applicable copay or **deductible**. The amount of the Separate Brand Name Fee will be equal to the difference between the cost of the **brand name drug** and the generic equivalent. The Separate Brand Name Fee will apply to any **brand name drug** dispensed unless:

- There is no generic equivalent to the **brand name drug**;
- The **pharmacy** is unable to supply the **generic drug** at the time the **prescription** is presented; or
- The **prescriber** indicates that the **generic drug** should not be dispensed.

The Benefit Amount for each covered **prescription drug** or refill dispensed by a **non-preferred pharmacy** will be an amount equal to the Covered Percentage of the **non-preferred pharmacy's** charge for the drug, less any applicable **deductible**, except in the following situations; in which case the benefit will be payable at the preferred level of coverage:

- For an **emergency condition**; or
- On referral of the **Primary Care Physician**.

Limitations

No benefits are paid under this section:

- For a device of any type unless specifically included as a **prescription drug**.
- For any drug entirely consumed at the time and place it is prescribed.
- For more than a 30 day supply per **prescription** or refill.
- For the administration or injection of any drug.
- For any injectable drug.]

[STUDENT ACCIDENT AND SICKNESS INSURANCE]

[SECTION 6 – COVERAGE (Continued)]

[BASIC SICKNESS EXPENSE BENEFIT]

[PRESCRIBED MEDICINES EXPENSE]

[[The benefit amount for each covered **prescription drug**; or refill; prescribed by a **preferred care provider** or **School Health Services physician**; and dispensed by a **preferred pharmacy** will be an amount equal to the **negotiated charge** less any applicable copay. When **Prescription Drugs** are obtained through a **preferred pharmacy**, the **covered person** will not be subject to balance billing.

The benefit amount will be payable to the **preferred pharmacy**; on the **covered person's** behalf. If the **covered person** submits a claim to Aetna for payment of the benefit; instead of paying the applicable **copay** or **deductible** directly to the **preferred pharmacy**; the **covered person** will only be reimbursed for the amount of the agreed charge.

In figuring the benefit amount; a Separate Brand Name Fee applies to **brand name drugs** in addition to any applicable **copay** or **deductible**. The amount of the Separate Brand Name Fee will be equal to the difference between the cost of the **brand name drug** and the generic equivalent. The Separate Brand Name Fee will apply to any **brand name drug** dispensed unless:

- There is no generic equivalent to the **brand name drug**;
- The **pharmacy** is unable to supply the **generic drug** at the time the **prescription** is presented; or
- The **prescriber** indicates that the **generic drug** should not be dispensed.

The benefit amount for each covered **prescription drug** or refill dispensed by a **non-preferred pharmacy** will be an amount equal to the **reasonable charge** for the drug; after the **deductible**. The following situations are exceptions. In these situations; the benefit will be payable at the preferred level of coverage:

- For an **emergency medical condition**; or
- On referral of the **primary care physician**.

A claim must be submitted to Aetna for payment of the benefit.]

[**Prescription Drug** Payment Limits: These limits apply to **Covered Medical Expenses**; except expenses applied against: any **copay/deductible**; or **copay** amount.

Prescription Drug Payment Limit Which Applies to Expenses for a **Covered Person**: When a **covered person's** Covered **Preferred Prescription Drug Expenses**; for which no benefits are paid because of the Covered Percentage; reach \$2,500 in a **Policy Year**; benefits will be payable at 100% for all his covered **Preferred Prescription Drug Expenses** to which this limit applies; and which are incurred in the rest of that **Policy Year**.

When a **covered person's** Covered **non-preferred prescription drug expenses**; for which no benefits are paid because of the Covered Percentage; reach \$5,000 in a **Policy Year**; benefits will be payable at 100% for all his Covered **non-preferred prescription drug expenses** to which this limit applies; and which are incurred in the rest of the **Policy Year**.]

[STUDENT ACCIDENT AND SICKNESS INSURANCE]

[SECTION 6 – COVERAGE (Continued)]

[BASIC SICKNESS EXPENSE BENEFIT]

[PRESCRIBED MEDICINES EXPENSE] (Continued)

[Prescription Drug Payment Limit Which Applies to Expenses for a Family of Covered Persons: When a family's covered **preferred prescription drug expenses**; for which no benefits are paid because of the covered percentage; reach \$5,000 in a **Policy Year**; benefits will be payable at 100% for all their covered **preferred prescription drug expenses** to which this limit applies; and which are incurred in the rest of that **Policy Year**.

When a family's covered **non-preferred prescription drug expenses**; for which no benefits are paid because of the covered percentage; reach \$10,000 in a **Policy Year**; benefits will be payable at 100% for all their **covered non-preferred prescription drug expenses** to which this limit applies; and which are incurred in the rest of that **Policy Year**.]

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[STUDENT ACCIDENT AND SICKNESS INSURANCE]

[SECTION 6 – COVERAGE (Continued)]

[BASIC SICKNESS EXPENSE BENEFIT]

[PRESCRIBED MEDICINES EXPENSE] (Continued)

[Copay/Deductible Amounts

[The Medication Formulary Generic Prescription Drug Expense Copays/Deductibles are:

As to **prescription drugs** obtained from a **preferred pharmacy**, 40% of the **negotiated charge**; and
As to **prescription drugs** obtained from a **non-preferred pharmacy**, 50% of the **reasonable charge**.]

[The Medication Formulary Brand Name Prescription Drug Expense Copays/Deductibles are:

As to **prescription drugs** obtained from a **preferred pharmacy**, 40% of the **negotiated charge**; and
As to **prescription drugs** obtained from a **non-preferred pharmacy**, 50% of the **reasonable charge**.]

[The Medication Non-Formulary Generic Prescription Drug Expense Copays/Deductibles are:

As to **prescription drugs** obtained from a **preferred pharmacy**, 50% of the **negotiated charge**; and
As to **prescription drugs** obtained from a **non-preferred pharmacy**, 50% of the **reasonable charge**.]

[The Medication Non-Formulary Brand Name Prescription Drug Expense Copays/Deductibles are:

As to **prescription drugs** obtained from a **preferred pharmacy**, 50% of the **negotiated charge**; and
As to **prescription drugs** obtained from a **non-preferred pharmacy**, 50% of the **reasonable charge**.]

[STUDENT ACCIDENT AND SICKNESS INSURANCE PROVISIONS CONCERNING]

[SECTION 6 - COVERAGE (Continued)]

[MAJOR MEDICAL EXPENSE BENEFITS (Continued)]

- [11. Expenses incurred by a **covered person** for prescribed medicines. If a **covered person** requires medicines not normally stocked by the **School Health Services**; and if a **prescription drug** is dispensed by a **pharmacy** to a person for treatment of a **sickness** or **injury**; a benefit will be paid; determined from the Benefit Amount subsection; but only if the **pharmacy's** charge for the drug is more than the **copay** or **deductible** amount per **prescription** or refill.. The medicines must be prescribed by the **School Health Services physician** or a **Preferred Care Provider**. The prescriptions must be filled at a **Preferred Pharmacy**.

A benefit will be paid at the preferred level of coverage for a **prescription drug** dispensed by a **non-preferred pharmacy**:

- For an **emergency condition**; or
- On referral of a person's **Primary Care Physician**.

The benefit amount for each covered **prescription drug** or refill prescribed by a **preferred care provider** or **School Health Services Physician** and dispensed by a **preferred pharmacy** will be an amount equal to the Covered Percentage of the total charges less any applicable **copay**. The total charge is determined by:

- The **preferred pharmacy**; and
- **Aetna**, an affiliate, or a third party vendor.

Any amount so determined will be paid to the **preferred pharmacy** on the **covered person's** behalf.

In figuring the benefit amount; a Separate Brand Name Fee applies to **brand name drugs** in addition to any applicable **copay** or **deductible**. The amount of the Separate Brand Name Fee will be equal to the difference between the cost of the **brand name drug** and the generic equivalent. The Separate Brand Name Fee will apply to any **brand name drug** dispensed unless:

- There is no generic equivalent to the **brand name drug**;
- The **pharmacy** is unable to supply the **generic drug** at the time the **prescription** is presented; or
- The **prescriber** indicates that the **generic drug** should not be dispensed.]

[STUDENT ACCIDENT AND SICKNESS INSURANCE PROVISIONS CONCERNING]

[SECTION 6 - COVERAGE (Continued)]

[MAJOR MEDICAL EXPENSE BENEFITS (Continued)]

[The Benefit Amount for each covered **prescription drug** or refill dispensed by a **non-preferred pharmacy** will be an amount equal to the Covered Percentage of the **non-preferred pharmacy's** charge for the drug, less any applicable **deductible**, except in the following situations; in which case the benefit will be payable at the preferred level of coverage:

- For an **emergency condition**; or
- On referral of the **Primary Care Physician**.

Limitations

No benefits are paid under this section:

- For a device of any type unless specifically included as a **prescription drug**.
- For any drug entirely consumed at the time and place it is prescribed.
- For more than a 30 day supply per **prescription** or refill.
- For the administration or injection of any drug.
- For any injectable drug.]

[STUDENT ACCIDENT AND SICKNESS INSURANCE PROVISIONS CONCERNING]

[SECTION 6 - COVERAGE (Continued)]

[MAJOR MEDICAL EXPENSE BENEFITS (Continued)]

[PRESCRIBED MEDICINES EXPENSE]

- [[12. The benefit amount for each covered **prescription drug** or refill prescribed by a **preferred care provider** or **School Health Services physician**; and dispensed by a **preferred pharmacy**; will be an amount equal to the **negotiated charge** less any applicable **copay**. When **Prescription Drugs** are obtained through a **preferred pharmacy**, the **covered person** will not be subject to balance billing.

The benefit amount will be payable to the **preferred pharmacy** on the **covered person's** behalf. If the **covered person** submits a claim to **Aetna**, an affiliate, or a third party vendor, for payment of the benefit instead of paying the applicable **copay** or **deductible**; directly to the **preferred pharmacy**; the **covered person** will only be reimbursed for the amount of the agreed charge.

In figuring the benefit amount; a Separate Brand Name Fee applies to **brand name drugs** in addition to any applicable **copay** or **deductible**. The amount of the Separate Brand Name Fee will be equal to the difference between the cost of the **brand name drug** and the generic equivalent. The Separate Brand Name Fee will apply to any **brand name drug** dispensed unless:

- There is no generic equivalent to the **brand name drug**;
- The **pharmacy** is unable to supply the **generic drug** at the time the **prescription** is presented; or
- The **prescriber** indicates that the **generic drug** should not be dispensed.

The benefit amount for each covered **prescription drug** or refill; dispensed by a **non-preferred pharmacy**; will be an amount equal to the **reasonable charge** for the drug after the **copay** and **deductible**; except in the following situations; in which case; the benefit will be payable at the preferred level of coverage:

- For an **emergency medical condition**; or
- On referral of the **primary care physician**.

A claim must be submitted to **Aetna** for payment of the benefit.]

[**Prescription Drug** Payment Limits: These limits apply to **Covered Medical Expenses** except expenses applied against any **deductible** or **copay** amount.

Prescription Drug Payment Limit Which Applies to Expenses for a **covered person**: When a **covered person's** covered **preferred prescription drug expenses**; for which no benefits are paid because of the Covered Percentage; reach \$2,500 in a **Policy Year**; benefits will be payable at 100% for all his covered **preferred prescription drug expenses** to which this limit applies; and which are incurred in the rest of that **Policy Year**.]

[STUDENT ACCIDENT AND SICKNESS INSURANCE PROVISIONS CONCERNING]

[SECTION 6 - COVERAGE (Continued)]

[MAJOR MEDICAL EXPENSE BENEFITS (Continued)]

[PRESCRIBED MEDICINES EXPENSE] (Continued)

[When a **covered person's** covered **non-preferred prescription drug expenses**; for which no benefits are paid because of the Covered Percentage; reach [\$5,000] in a **Policy Year**; benefits will be payable at 100% for all his covered **non-preferred prescription drug expenses** to which this limit applies; and which are incurred in the rest of the **Policy Year**.

Prescription Drug Payment Limit Which Applies to Expenses for a Family of covered person's:
When a family's covered **preferred prescription drug expenses**; for which no benefits are paid because of the Covered Percentage; reach \$5,000 in a **Policy Year**; benefits will be payable at 100% for all their covered **preferred prescription drug expenses** to which this limit applies; and which are incurred in the rest of that **Policy Year**.

When a family's covered **non-preferred prescription drug expenses**; for which no benefits are paid because of the Covered Percentage; reach \$10,000 in a **Policy Year**; benefits will be payable at 100% for all their covered **non-preferred prescription drug expenses** to which this limit applies; and which are incurred in the rest of that **Policy Year**.]

[STUDENT ACCIDENT AND SICKNESS INSURANCE PROVISIONS CONCERNING]

[SECTION 6 - COVERAGE (Continued)]

[MAJOR MEDICAL EXPENSE BENEFITS (Continued)]

[Outpatient Prescription Drug Expense (continued)]

[Copay/Deductible Amounts

[The **Medication Formulary Generic Prescription Drug** Expense **Copays/Deductibles** are:

As to **prescription drugs** obtained from a **preferred pharmacy**, 40% of the **negotiated charge**; and
As to **prescription drugs** obtained from a **non-preferred pharmacy**, 50% of the **reasonable charge**.]

[The **Medication Formulary Brand Name Prescription Drug** Expense **Copays/Deductibles** are:

As to **prescription drugs** obtained from a **preferred pharmacy**, 40% of the **negotiated charge**; and
As to **prescription drugs** obtained from a **non-preferred pharmacy**, 50% of the **reasonable charge**.]

[The Medication Non-Formulary **Generic Prescription Drug** Expense **Copays/Deductibles** are:

As to **prescription drugs** obtained from a **preferred pharmacy**, 50% of the **negotiated charge**; and
As to **prescription drugs** obtained from a **non-preferred pharmacy**, 50% of the **reasonable charge**.]

[The Medication Non-Formulary **Brand Name Prescription Drug** Expense **Copays/Deductibles** are:

As to **prescription drugs** obtained from a **preferred pharmacy**, 50% of the **negotiated charge**; and
As to **prescription drugs** obtained from a **non-preferred pharmacy**, 50% of the **reasonable charge**.]

SERFF Tracking Number: AENX-126295492 State: Arkansas
 Filing Company: Aetna Life Insurance Company State Tracking Number: 43444
 Company Tracking Number: AH AR0204401F01
 TOI: H17G Group Health - Prescription Drug Sub-TOI: H17G.000 Health - Prescription Drug
 Product Name: 2009 Law Department
 Project Name/Number: 2009 Law Department/AH AR0204401F01

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	09/23/2009
Comments:		
Attachment:		
AR - READABILITY CERTIFICATION.PDF		

	Item Status:	Status Date:
Bypassed - Item: Application	Approved-Closed	09/23/2009
Bypass Reason: not applicable		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Cover Letter	Approved-Closed	09/23/2009
Comments:		
Attachment:		
Cover Letter.PDF		

	Item Status:	Status Date:
Satisfied - Item: EOVS - AL GE EASTUD01700 V002, EOVS - AL GE EASTUD01815 V002, EOVS - AL GE EASTUD01830 V002, EOVS - AL GE EASTUD01890 V002, EOVS - AL GE EASTUD02190 V002, EOVS - AL GE EASTU2205-1 V002, EOVS - AL GE EASTU2205-2 V002, EOVS - AL GE EASTUD02210 V002, EOVS - AL , ...	Approved-Closed	09/23/2009
Comments:		
Attachments:		

SERFF Tracking Number: AENX-126295492 State: Arkansas
 Filing Company: Aetna Life Insurance Company State Tracking Number: 43444
 Company Tracking Number: AH AR0204401F01
 TOI: H17G Group Health - Prescription Drug Sub-TOI: H17G.000 Health - Prescription Drug
 Product Name: 2009 Law Department
 Project Name/Number: 2009 Law Department/AH AR0204401F01

EOVS - AL GE EASTUD01700 V002.PDF
 EOVS - AL GE EASTUD01815 V002.PDF
 EOVS - AL GE EASTUD01830 V002.PDF
 EOVS - AL GE EASTUD01890 V002.PDF
 EOVS - AL GE EASTUD02190 V002.PDF
 EOVS - AL GE EASTU2205-1 V002.PDF
 EOVS - AL GE EASTU2205-2 V002.PDF
 EOVS - AL GE EASTUD02210 V002.PDF
 EOVS - AL GE EASTUD02605 V002.PDF
 EOVS - AL GE EASTUD02610 V002.PDF
 EOVS - AL GE EASTU2625-1 V002.PDF
 EOVS - AL GE EASTU2625-2 V002.PDF
 EOVS - AL GE EASTUD02630 V002.PDF

	Item Status:	Status
Satisfied - Item:	AR - NAIC TRANSMITTAL DOCUMENT, AR - NAIC FORM FILING ATTACHMENT	Approved-Closed 09/23/2009

Comments:

Attachments:

AR - NAIC TRANSMITTAL DOCUMENT.PDF
 AR - NAIC FORM FILING ATTACHMENT.PDF

STATE OF ARKANSAS
READABILITY CERTIFICATION

COMPANY NAME: Aetna Life Insurance Company

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form Number	Score
GR-96134 1700 ED. 07/09	52.3
GR-96134 1815 ED. 07/09	44.1
GR-96134 1830 ED. 07/09	58.4
GR-96134 1890 ED. 07/09	61
GR-96134 2190 ED. 07/09	53.6
GR-96134 2205-1 ED. 07/09	56.8
GR-96134 2205-2 ED. 07/09	54.6
GR-96134 2210 ED. 07/09	66.59
GR-96134 2605 ED. 07/09	56.3
GR-96134 2610 ED. 07/09	57.4
GR-96134 2625-1 ED. 07/09	54
GR-96134 2625-2 ED. 07/09	60
GR-96134 2630 ED. 07/09	67.4

STATE OF ARKANSAS
READABILITY CERTIFICATION

Form Number	Score
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Signed: _____

Name:

Title:

Date: _____



John W. Ciesielski
Product & Regulatory Approvals
Law and Regulatory Affairs
151 Farmington Ave, RW61
Hartford, CT 06156
(845) 279-1282
Fax: (860) 952-2065
Email: Ciesielskijw@aetna.com

September 4, 2009

Insurance Commissioner Julie Benafield Bowman
Compliance - Life and Health
Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

Subject: **Aetna Life Insurance Company** NAIC No. 001-60054; FEIN: 06-6033492
Blanket Student Accident & Health Insurance Coverage
Policy Form GR-96134
GR-96134 Policy Insert Pages: GR-96134 1700 ED07/09, et al.

Dear Commissioner Benafield:

The forms listed above are being submitted for your Department's review and approval on a general use basis. The subject forms are new and do not replace any form(s) previously approved by your Department.

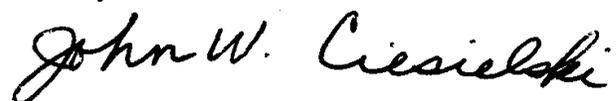
The purpose of this filing is to make various revisions to language appearing within the prescription drug benefit related sections of Policy form GR-96134. The intent behind these revisions is to further clarify certain administrative and claim related practices associated with our outpatient prescription drug benefit. These revisions more clearly reflect the current practices and the evolution of the pharmacy benefits marketplace to the point where prescription drugs may now be purchased directly from pharmacies through wholesalers and other third party intermediaries and distributed on a retail or mail order basis.

Textual variability, as indicated by bracketed material on the forms, is necessary so that only the appropriate benefits, provisions, and language consistent with the plan design selections of the policyholder may be reflected in the plan documents issued to the policyholder. We have included an Explanation of Variability which details the limited ways in which such text may be altered. We assure your Department that any text identified as variable will be changed only in a manner that is (i) compliant with applicable laws and regulations, and (ii) expressly supported by the terms of the Explanation of Variability.

We intend to use the subject insert pages with Aetna's GR-96134 Blanket Student Accident and Health Insurance policy that was approved by your Department on February 11, 2003.

If you have any questions, please feel free to contact me at the phone number, fax number or e-mail address shown above.

Sincerely,

A handwritten signature in black ink that reads "John W. Ciesielski". The signature is written in a cursive style with a large, stylized initial "J".

John W. Ciesielski, Manager
Product & Regulatory Approvals

**Explanation of Variability
GR-96134**

1700
ED. 07/09

Section 2 - Definitions

Designated Care Provider

This definition will be included only in the event that the policyholder has an affiliated health care provider with which it has entered into an agreement to provide health care services to students.

**Explanation of Variability
GR-96134**

1815
ED. 07/09

Section 2 - Definitions

Negotiated Charge

This definition will be included when the policyholder has elected a PPO plan. The lead-in sentence to the first paragraph and the last three paragraphs will only be included policyholder's plan includes an outpatient prescription drug benefit.

**Explanation of Variability
GR-96134**

1830
ED. 07/09

Section 2 - Definitions

Non-Preferred Pharmacy

This definition will be included when the policyholder's plan includes an outpatient prescription drug benefit.

**Explanation of Variability
GR-96134**

1890
ED. 07/09

Section 2 - Definitions

Preferred Pharmacy

This definition will be included when the policyholder's plan includes an outpatient prescription drug benefit.

**Explanation of Variability
GR-96134**

2190
ED. 07/09

Section 6 - Coverage

Prescribed Medicines Expense

This section will be included when the policyholder's plan includes an outpatient prescription drug benefit.

The reference to the copays and deductibles will be revised or omitted, as appropriate.

The requirement that the medicine be prescribed by the school physician will be revised or omitted, as appropriate, to reflect the role of this or any other physician.

The requirement that the prescription be dispensed at a participating pharmacy may or may not be included, and the language will be revised accordingly.

References to "brand name drug", "generic drug" will be included when the pharmacy benefit is structure to provide different cost sharing levels for those categories of drugs.

Under the sub-section 'Benefit Amount', the third paragraph addressing a Separate Brand Name Fee may be included or omitted.

Under the sub-section 'Limitations', any of the bulleted items may be eliminated and the dispensing limit may vary in range from 30 to 34 days or 100 unit doses.

**Explanation of Variability
GR-96134**

2205-1
ED. 07/09

Section 6 - Coverage

Prescribed Medicines Expense

This section will be included when the policyholder's plan includes an outpatient prescription drug benefit.

References to "brand name drug", "generic drug" will be included when the pharmacy benefit is structure to provide different cost sharing levels for those categories of drugs.

The third paragraph addressing a Separate Brand Name Fee may be included or omitted.

The last three paragraphs will be included when the policyholder's outpatient prescription drug benefit includes a Payment Limit (Out-of-Pocket Limit) applicable to the covered person. The Payment Limit may apply to preferred and non-preferred prescription drug expense separately or combined.

Explanation of Variability
GR-96134

2205-2
ED. 07/09

Section 6 - Coverage

Prescribed Medicines Expense (Continued)

This section will be included when the policyholder's plan includes an outpatient prescription drug benefit.

These two paragraphs will be included when the policyholder's outpatient prescription drug benefit includes a Payment Limit (Out-of-Pocket Limit) applicable to covered person's family. The family Payment Limit may apply to preferred and non-preferred prescription drug expense separately or combined.

**Explanation of Variability
GR-96134**

2210
ED. 07/09

Section 6 - Coverage

Prescribed Medicines Expense (Continued)

Copay/Deductible Amounts

This section will be included when the policyholder's plan includes an outpatient prescription drug benefit.

Depending on the policyholder's plan, the copay category sections may be modified or may not be included. For instance, if the plan does not include a Medication Formulary, the Medication Formulary Brand Name and Generic sections will be deleted and the remaining sections would be revised to remove the Medication Non-Formulary reference.

The copay percentages in the brackets are variable and may be lower than shown, but will not be higher than presented in this filing. The difference between the percentage copay for Preferred Care and the percentage copay for Non-Preferred will not exceed any maximum differential requirement in your state.

For ease of presentation, the benefit specifics, e.g., copay, deductible, covered percentage, maximum amounts, etc., may be shown in the policy's Schedule of Benefits.

**Explanation of Variability
GR-96134**

2605
ED. 07/09

Section 6 - Coverage

Major Medical Expense Benefits

Item 11 - Prescribed Medicines

This section will be included when the policyholder's plan includes an outpatient prescription drug benefit.

The reference to the copays and deductibles will be revised or omitted, as appropriate.

The requirement that the medicine be prescribed by the school physician will be revised or omitted, as appropriate, to reflect the role of this or any other physician.

The requirement that the prescription be dispensed at a participating pharmacy may or may not be included, and the language will be revised accordingly.

References to "brand name drug", "generic drug" will be included when the pharmacy benefit is structure to provide different cost sharing levels for those categories of drugs.

The fifth paragraph addressing a Separate Brand Name Fee may be included or omitted.

**Explanation of Variability
GR-96134**

2610
ED. 07/09

Section 6 - Coverage

Major Medical Expense Benefits

Item 11 - Prescribed Medicines

This section will be included when the policyholder's plan includes an outpatient prescription drug benefit.

The first paragraph will be modified in the event that the prescription drug benefit only provides benefits when the prescription drug is obtained from a preferred pharmacy.

Under the sub-section 'Limitations', any of the bulleted items may be eliminated and the dispensing limit may vary in range from 30 to 34 days or 100 unit doses.

**Explanation of Variability
GR-96134**

2625-1
ED. 07/09

Section 6 - Coverage

Major Medical Expense Benefits

Item 12 - Prescribed Medicines

This section will be included when the policyholder's plan includes an outpatient prescription drug benefit.

The reference to the copays and deductibles will be revised or omitted, as appropriate.

The third paragraph addressing a Separate Brand Name Fee may be included or omitted.

If there is no Non-Preferred coverage, or if the charges for Non-Preferred Prescription Drug Expenses are being provided under the medical plan, then the fourth paragraph on this page will be deleted.

The requirement that the medicine be prescribed by the school physician will be revised or omitted, as appropriate, to reflect the role of this or any other physician.

The requirement that the prescription be dispensed at a participating pharmacy may or may not be included, and the language will be revised accordingly.

References to "brand name drug", "generic drug" will be included when the pharmacy benefit is structure to provide different cost sharing levels for those categories of drugs.

The last two paragraphs will be included when the policyholder's outpatient prescription drug benefit includes a Payment Limit (Out-of-Pocket Limit) applicable to the covered person. The Payment Limit may apply to preferred and non-preferred prescription drug expense separately or combined. The dollar amount may range from \$100 to \$3,000 (Preferred)

**Explanation of Variability
GR-96134**

2625-2
ED. 07/09

Section 6 - Coverage

Major Medical Expense Benefits

Item 12 - Prescribed Medicines

This section will be included when the policyholder's plan includes an outpatient prescription drug benefit.

The first paragraph will be included when the policyholder's outpatient prescription drug benefit includes a Payment Limit (Out-of-Pocket Limit) applicable to the covered person. The Payment Limit may apply to preferred and non-preferred prescription drug expense separately or combined. The dollar amount may range from \$200 to \$6,000 (Non-Preferred).

The last two paragraphs will be included when the policyholder's outpatient prescription drug benefit includes a Payment Limit (Out-of-Pocket Limit) applicable to covered person's family. The family Payment Limit may apply to preferred and non-preferred prescription drug expense separately or combined. The dollar amount may range from \$200 to \$6,000 (Preferred) and \$400 to \$12,000 (Non-Preferred).

Explanation of Variability
GR-96134

2630
ED. 07/09

Section 6 - Coverage

Major Medical Expense Benefits

Outpatient Prescription Drug Expenses (Continued)

Copay/Deductible Amounts

This section will be included when the policyholder's plan includes an outpatient prescription drug benefit.

Depending on the policyholder's plan, the copay category sections may be modified or may not be included. For instance, if the plan does not include a Medication Formulary, the Medication Formulary Brand Name and Generic sections will be deleted and the remaining sections would be revised to remove the Medication Non-Formulary reference.

The copay percentages in the brackets are variable and may be lower than shown, but will not be higher than presented in this filing. The difference between the percentage copay for Preferred Care and the percentage copay for Non-Preferred will not exceed any maximum differential requirement in your state.

For ease of presentation, the benefit specifics, e.g., copay, deductible, covered percentage, maximum amounts, etc., may be shown in the policy's Schedule of Benefits.

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	Arkansas
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2.	Department Use Only	
	State Tracking ID	

3. Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
Aetna Life Insurance Company 151 Farmington Avenue Hartford CT 06156	CT		001	60054	06-6033492	

4. Contact Name & Address	Telephone #	Fax #	E-mail Address
John Ciesielski 151 Farmington Avenue, Mail Stop RW61 Hartford CT 06156	860-279-1282	860-952-2069	CiesielskiJW@Aetna.com

5. Requested Filing Mode	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____
--------------------------	--

6. Company Tracking Number	AH AR0204401F01
-----------------------------------	-----------------

7. <input type="checkbox"/> New Submission	<input type="checkbox"/> Resubmission	Previous file # _____
--	---------------------------------------	-----------------------

8. Market	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise	
	Group	<input type="checkbox"/> Small <input type="checkbox"/> Large <input checked="" type="checkbox"/> Small and Large <input checked="" type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____

9. Type of Insurance	H17G Group Health - Prescription Drug
-----------------------------	---------------------------------------

10. Product Coding Matrix Filing Code	H17G.000 Health - Prescription Drug
--	-------------------------------------

11. Submitted Documents	<input type="checkbox"/> FORMS <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application/Enrollment <input type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other: _____
	<input type="checkbox"/> RATES <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate
	<input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____
	SUPPORTING DOCUMENTATION <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Trust Agreement <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Certifications <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other: _____

12.	Filing Submission Date	
13.	Filing Fee (If required)	Amount _____ Check Date _____ Retaliatory <input type="checkbox"/> Yes <input type="checkbox"/> No Check Number _____
14.	Date of Domiciliary Approval	
15.	Filing Description:	
<p>The forms listed on the Form Schedule are submitted for your Department's review and approval on a general use basis. The subject forms are new and do not replace any form(s) previously approved by your Department.</p> <p>The purpose of this filing is to make various revisions to language appearing within the prescription drug benefit related sections of Policy form GR-96134. The intent behind these revisions is to further clarify certain administrative and claim related practices associated with our outpatient prescription drug benefit. These revisions reflect the current practices and anticipated future trends in the pharmacy benefits marketplace, in which prescription drugs may be purchased directly from pharmacies through wholesalers and other third party intermediaries and distributed on a retail or mail order basis.</p>		

16.	Certification (If required)	
<p>I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of <u>Arkansas</u>.</p>		
<p>Print Name <u>John Ciesielski</u> Title <u>Product and Regulatory Affairs Manager</u></p>		
<p>Signature <u>John W. Ciesielski</u> Date <u>September 4, 2009</u></p>		

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number	AH AR0204401F01	
This filing corresponds to rate filing company tracking number		

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	Sect 2 - Definitions - Designated Care Provider	GR-96134 1700 ED. 07/09	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
02	Sect 2 - Definitions - Negotiated Charge	GR-96134 1815 ED. 07/09	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03	Sect 2 - Definitions - Non-Preferred Pharmacy	GR-96134 1830 ED. 07/09	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04	Sect 2 - Definitions - Preferred Pharmacy	GR-96134 1890 ED. 07/09	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05	Sect 6 - Coverage - Prescribed Medicines	GR-96134 2190 ED. 07/09	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06	Sect 6 - Coverage - Prescribed Medicines 2	GR-96134 2205-1 ED. 07/09	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07	Sect 6 - Coverage - Prescribed Medicines 2 (Cont)	GR-96134 2205-2 ED. 07/09	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08	Sect 6 - Coverage - Prescribed Medicines - Copays/Deductibles	GR-96134 2210 ED. 07/09	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09	Sect 6 - Coverage - Major Medical - Prescription Drugs	GR-96134 2605 ED. 07/09	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10	Sect 6 - Coverage - Major Medical - Prescription Drugs (Cont)	GR-96134 2610 ED. 07/09	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
11	Sect 6 - Coverage - Major Medical - Prescription Drugs 2	GR-96134 2625-1 ED. 07/09	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number	AH AR0204401F01	
This filing corresponds to rate filing company tracking number		

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
12	Sect 6 - Coverage - Major Medical - Prescription Drugs 2 (Cont)	GR-96134 2625-2 ED. 07/09	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
13	Sect 6 - Coverage - Major Medical - Prescription Drugs - Copays/Deductibles	GR-96134 2630 ED. 07/09	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	