

SERFF Tracking Number: AENX-126295511 State: Arkansas
Filing Company: Aetna Life Insurance Company State Tracking Number: 43445
Company Tracking Number: AH AR0204601F01
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 AR0204601F01

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-126295511 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 43445

Co Tr Num: AH AR0204601F01

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 AR0204601F01

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 Booklet-Certificate forms GR-9N and GR-9. 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

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Disposition

Disposition Date: 09/23/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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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 - GR-9N and GR-9	Approved-Closed	Yes
Supporting Document	EOV AL GE GR9N012015 V004, EOV AL GE GR9N013010 V003, EOV AL GE GR9N034000 V002, EOV AL GE GR9N034005 V005, EOV AL GE GR9N034070 V005, EOV AL GE GR9N034075 V005, EOV AL GE GR9N012010 V004, EOV AL GE GR00012359 V001, EOV AL GE GR00012360 V001	Approved-Closed	Yes
Supporting Document	AR - NAIC TRANSMITTAL DOCUMENT, AR - NAIC FORM FILING ATTACHMENT	Approved-Closed	Yes
Form	Getting Started - Common Terms	Approved-Closed	Yes
Form	How the PPO Plan Works	Approved-Closed	Yes
Form	Precertification	Approved-Closed	Yes
Form	Glossary Letter A	Approved-Closed	Yes
Form	Glossary Letter N	Approved-Closed	Yes
Form	Glossary Letter O	Approved-Closed	Yes
Form	Prescription Drug Expense Coverage	Approved-Closed	Yes
Form	Glossary - Prescription Drug Related Definitions	Approved-Closed	Yes

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Form Schedule

Lead Form Number:

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 09/23/2009	GR-9N 12-010 04	Certificate	Getting Started - Common Terms	Initial		38.290	GR-9N 12-010 04.PDF
Approved-Closed 09/23/2009	GR-9N 12-015 04	Certificate	How the PPO Plan Works	Initial		42.600	GR-9N 12-015 04.PDF
Approved-Closed 09/23/2009	GR-9N 13-010 03	Certificate	Precertification	Initial		50.300	GR-9N 13-010 03.PDF
Approved-Closed 09/23/2009	GR-9N 34-005 05	Certificate	Glossary Letter A	Initial		43.700	GR-9N 34-005 05.PDF
Approved-Closed 09/23/2009	GR-9N 34-070 05	Certificate	Glossary Letter N	Initial		56.300	GR-9N 34-070 05.PDF
Approved-Closed 09/23/2009	GR-9N 34-075 05	Certificate	Glossary Letter O	Initial		46.900	GR-9N 34-075 05.PDF
Approved-Closed 09/23/2009	GR-9 12359	Certificate	Prescription Drug Amendmen t, Insert Page, Endorseme nt or Rider	Initial		51.900	GR-9 12359.PDF
Approved-Closed 09/23/2009	GR-9 12360	Certificate	Glossary - Prescription Drug Related Definitions Page, Endorseme nt or Rider	Initial		45.500	GR-9 12360.PDF

[Getting Started: Common Terms

You will find the terms below used throughout this Booklet-Certificate. They are described within the sections that follow, and you can also refer to the *Glossary* at the back of this document for helpful definitions. Words in bold print throughout the document are defined in the *Glossary*.

Brand-Name Prescription Drug is a **prescription drug** with a proprietary name assigned to it by the manufacturer and so indicated by [Medispan] or any other similar publication designated by **Aetna**.

Preferred Drug Exclusion List is a list of **prescription drugs** in the **preferred drug list** that are identified as excluded under the plan. This list is subject to periodic review and modification by **Aetna**.

Preferred Drug is a **brand-name [prescription] drug** or **generic [prescription] drug** that appears on the **preferred drug list**.

Non-Preferred Drug is a **brand-name [prescription] drug** or **generic [prescription] drug** that does not appear on the **preferred drug list**.

Preferred Drug List is a listing of **prescription drugs** established by **Aetna**, an affiliate which includes both **brand-name [prescription] drugs** and **generic [prescription] drugs**. This list is subject to periodic review and modification by **Aetna**. A copy of the **preferred drug list** will be available upon your request or may be accessed on the **Aetna** website at [www.aetna.com/formulary].

Generic Prescription Drug is a **prescription drug**, whether identified by its chemical, proprietary, or non-proprietary name that is accepted by the U.S. Food and Drug Administration (FDA) as therapeutically equivalent and interchangeable with drugs having an identical amount of the same active ingredient and so indicated by [Medispan] or any other publication designated by **Aetna**.

Network Pharmacy is a description of a retail, **mail order** or **specialty pharmacy** that has entered into a contractual agreement with **Aetna**, an affiliate, or a third party vendor, for the provision of covered services to you and your covered dependents. The appropriate **pharmacy** type may also be substituted for the word **pharmacy** (e.g. **network retail pharmacy**, **network mail order pharmacy** or **specialty pharmacy network**).

Out-of-Network Pharmacy is a description of a **pharmacy** that has not contracted with **Aetna**, an affiliate, or a third party vendor and does not participate in the **pharmacy** network.

Prescription Drug is a drug, biological, or compounded **prescription** which, by State or Federal Law, may be dispensed only by **prescription** and which is required by Federal Law to be labeled “Caution: Federal Law prohibits dispensing without **prescription**.” This includes an injectable drug prescribed to be self-administered or administered by any other person except one who is acting within his or her capacity as a paid healthcare professional. Covered injectable drugs include insulin.

Provider is any recognized health care professional, **pharmacy** or facility providing services with the scope of their license.

[Self-]injectable Drug(s) are **prescription drugs** that are intended to be [self] administered by injection to a specific part of the body to treat certain chronic medical conditions.

[Specialty Care Drugs

Prescription drugs include **injectable**, infusion and oral drugs prescribed to address complex, chronic diseases with associated co-morbidities such as cancer, rheumatoid arthritis, hemophilia, multiple sclerosis which are listed in the [**specialty care drug [list]**].]

[Specialty Pharmacy Network

A network of pharmacies designated to fill [**self-injectable drug prescriptions**] [**specialty care drugs**].]

[Limited][Comprehensive][PPO] Prescription Drug [Expense] [Insurance]

How The [PPO] Plan Works

This plan provides access to covered benefits through a network of **pharmacies**, vendors or suppliers. **Aetna** has contracted for these **network pharmacies** to provide **prescription drugs** and other supplies to you.

Obtaining your benefits through **network pharmacies** has many advantages. [Your out-of-pocket costs may vary between **network** and **out-of network** benefits.] Benefits and cost sharing may also vary by the type of **network pharmacy** where you obtain your **prescription drug** and whether or not you purchase a **brand-name** or **generic drug**. **Network pharmacies** include retail, **mail order** and specialty **pharmacies**.

[You also have the choice to access [State] licensed **pharmacies** outside the network for **covered expenses**.]

[The plan will only pay for outpatient **prescription drugs** that you obtain from a **network pharmacy**.]

Read the *Schedule of Benefits* carefully to understand the cost sharing charges applicable to you.

To better understand the choices that you have with your [PPO] plan, please carefully review the following information.

Accessing Network Pharmacies and Benefits

You may select a **network pharmacy** from the **Aetna** Network Pharmacy Directory or by logging on the **Aetna's** website at [www.aetna.com]. You can search **Aetna's** online **directory**, [DocFind], for names and locations of **network pharmacies**. If you cannot locate a **network pharmacy** in your area, call [member services].

You must present your ID card to the **network pharmacy** every time you get a **prescription** filled to be eligible for **network** benefits. The **network pharmacy** will calculate your claim online. You will pay any **deductible**, **copayment** or **coinsurance** directly to the **network pharmacy**. [You do not have to complete or submit claim forms. The **network pharmacy** will take care of claim submission.]

[This plan requires you to directly pay your **pharmacy** for **prescription drug** expenses. You will be required to file claim forms to obtain reimbursement of covered **prescription drug** expenses under the plan. This plan does not permit assignment of benefits for covered **prescription drug** expenses.]

[When you pay a provider or facility directly, you will be responsible for completing a claim form to receive reimbursement of **covered expenses** from **Aetna**. You must submit a completed claim form and proof of payment to **Aetna**. Refer to the *General Provisions* section of this Booklet-Certificate for a complete description of how to file a claim under this plan.]

Emergency Prescriptions

When you need a **prescription** filled in an emergency or urgent care situation, or when you are traveling, you can obtain network benefits by filling your **prescription** at any **network pharmacy**. The **network pharmacy** will fill your **prescription** and only charge you your plan's cost sharing amount. [If you access an **out-of-network pharmacy** you will pay the full cost of the **prescription** and will need to file a claim for reimbursement. You will be reimbursed for your **covered expenses** up to the [cost of the **prescription** [negotiated charge] [recognized charge] less any applicable cost sharing required by you. [Coverage for **prescription drugs** obtained from an **out-of-network pharmacy** is limited to those obtained in connection with coverage emergency and out-of-area urgent care services.]

[Availability of Providers

Aetna cannot guarantee the availability or continued network participation of a particular **pharmacy**. Either Aetna or any **network pharmacy** may terminate the **provider** contract.]

Cost Sharing for Network Benefits

Important Note:

You share in the cost of your benefits. Cost sharing amounts and provisions are described in the *Schedule of Benefits*.

- [You will need to satisfy any applicable **deductibles** before the plan will begin to pay benefits.]
- [You will be responsible for the **copayment** for each **prescription** or refill as specified in the *Schedule of Benefits*. [There is a **copayment** for [brand name,] [generic,] [preferred,] [non-preferred,] [self-injectable] [prescription] drugs]. The **copayment** is payable directly to the **network pharmacy** at the time the **prescription** is dispensed.]
- [After you satisfy any applicable [deductible] [and] [copayment,] [[Y] [y]ou will be responsible for any applicable **coinsurance** for **covered expenses** that you incur. Your **coinsurance** amount is determined by applying the applicable **coinsurance** percentage to the **negotiated charge** if the **prescription** is filled at a **network pharmacy**. When you obtain your **prescription drugs** through a **network pharmacy**, you will not be subject to balance billing. [You will be responsible for your **coinsurance** up to the [coinsurance limit,] [maximum out-of-pocket limit] applicable to your plan.]]
- [Once you satisfy the [coinsurance limit,] [maximum out-of-pocket limit,] the plan will pay 100% of the **covered expenses** that apply toward the limit for the rest of the calendar year. Certain designated out-of-pocket expenses may not apply to the [coinsurance limit] [maximum out-of-pocket limit]. [Refer to the *Schedule of Benefits* for information on what expenses do not apply to the limit.]
- [The plan will pay for **covered expenses**, up to the maximums shown in the *Schedule of Benefits*. You are responsible for any expenses incurred over the maximums.]

Precertification

Precertification is required for certain outpatient **prescription drugs**. **Prescribers** must contact **Aetna** or an affiliate to request and obtain coverage for such **prescription drugs**. The list of drugs requiring **precertification** is subject to periodic review and modification by **Aetna**. An updated copy of the list of drugs requiring **precertification** shall be available upon request or may be accessed on line and can be found in the **Aetna preferred drug list** available online at [www.aetna.com/formulary].

[Failure to **precertify** will result in a reduction of benefits (see the *Schedule of Benefits*), or denial of coverage, so be sure to ask your **prescriber** or pharmacist if the drug being considered requires **precertification**.]

How to Obtain Precertification

If an outpatient **prescription drug** requires **precertification** and you use a **network pharmacy** the **prescriber** is required to obtain **precertification** for you.

[When you use an **out-of-network pharmacy**, you can begin the **precertification** process by having the **prescriber** call **Aetna** at the number on your ID card. **Aetna** will let your **prescriber** know if the **prescription drug** is **precertified**. If **precertification** is denied **Aetna** will notify you how the decision can be **appealed**.]

[Step-Therapy

Step-therapy is another form of **precertification**. With **step-therapy**, certain medications will be excluded from coverage unless one or more “prerequisite therapy” medications are tried first or unless the **prescriber** obtains a medical exception.

[The plan will not cover the **step-therapy** drug.] [A benefit reduction will be applied] if your **prescriber** does not prescribe a prerequisite drug first or fails to obtain a medical exception.

Lists of the **step-therapy** drugs and prerequisite drugs are included in the **Aetna [preferred drug list]** available upon request or online at [www.aetna.com/formulary]. The list of step therapy drugs are subject to change by **Aetna**.]

[Medical Exceptions

Your **prescriber** may seek a medical exception to obtain coverage for [drugs listed on the **preferred drug** exclusions list or for] which coverage is denied through [**precertification** or **step therapy**] [or **brand-name prescription drugs**]. The **prescriber** must submit such exception requests to **Aetna**. Coverage granted as a result of a medical exception shall be based on an individual, case by case **medical necessity** determination and coverage will not apply or extend to other covered persons.]

Glossary

In this section, you will find definitions for the words and phrases that appear in **bold type** throughout the text of this Booklet-Certificate.

[**Accident**

This means a sudden external trauma that is unexpected; and unforeseen; and is an identifiable **occurrence** or event producing, at the time, objective symptoms of an external bodily **injury**. The **accident** must occur while the person is covered under this Policy. The **occurrence** or event must be definite as to time and place. It must not be due to, or contributed by, an **illness** or disease of any kind including a reaction to a condition that manifests within the human body or a reaction to a drug or medication regardless of the reason you have consumed the drug or medication.]

[**Active at Work; Actively at Work; Active Work**

You will be considered to be **active at work**, **actively at work** or performing **active work** [on any of your employer's scheduled work days] if, [on that day,] you are performing the regular duties of your job [on a full time basis] [for the number of hours you are normally scheduled to work]. [In addition, you will be considered to be **actively at work** on the following days:

- Any day which is not one of your employer's scheduled work days if you were **actively at work** on the preceding scheduled work day or
- A normal vacation day.]]

[**Adjusted Predisability Earnings**

Your predisability earnings, plus any increase made on each January 1. The first increase will be made on the January 1 following a 12-month period of disability. On each January 1, the increase made will equal the percentage increase in the **Consumer Price Index** [for the 12 month period ending on [June 30] of the prior calendar year], rounded to the nearest tenth; to a maximum of 10%.]

[**Administrator**

This means the person(s) or organizations which are designated by:

- The policyholder to perform certain functions on behalf of the policyholder. References to the policyholder mean the **Administrator** when the **Administrator** is acting on behalf of the policyholder; or
- **Aetna** in a service agreement or authorization to perform certain functions on behalf of **Aetna**. References to **Aetna** mean the **Administrator** when the **Administrator** is acting on behalf of **Aetna** [as specified in the [Administrative Services Agreement] [Marketing Agreement] [Services Agreement] between **Aetna** and the **Administrator**.]

Aetna

Aetna Life Insurance Company, an affiliate, or a third party vendor under contract with **Aetna**.

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[00000]

[Aexcel Designated Network Specialists

Network providers who have met designation criteria for thresholds of performance and effectiveness, as established by **Aetna**. They will be shown in the provider **directory** and on [DocFind®] as **Aexcel Designated Network Specialists** for the **specialty care** involved for the class of employees of which you are a member.]

[Airbag

An **airbag** is:

- An unaltered **airbag** installed by the manufacturer of the **motor vehicle**; or
- An **airbag**:
 - Provided by the manufacturer of the **motor vehicle**; and
 - Installed by an authorized **motor vehicle** dealer.]

[Ambulance

A vehicle that is staffed with medical personnel and equipped to transport an ill or injured person.]

[Approved Rehabilitation Program

A written program, approved by **Aetna**, that provides services and supplies which are intended to enable you to return to work. The program may include, but is not limited to:

- Vocational testing;
- Vocational training;
- Alternative treatment plans such as:
 - Support groups;
 - Physical therapy;
 - Occupational therapy; and
 - Speech therapy;
- Workplace modification to the extent not otherwise provided;
- Part time employment; and
- Job placement.

A rehabilitation program will no longer be an **approved rehabilitation program** on the date **Aetna** withdraws, in writing, its approval of the program.]

[Average Wholesale Price (AWP)

The current average wholesale price of a **prescription drug** listed in the Facts and Comparisons weekly price updates (or any other similar publication designated by **Aetna**) on the day that a **pharmacy** claim is submitted for adjudication.]

[Negotiated Charge

As to health expense coverage, other than Prescription Drug Expense Coverage:

The **negotiated charge** is the maximum charge a **network provider** has agreed to make as to any service or supply for the purpose of the benefits under this plan.]

As to Prescription Drug Expense Coverage:

The **negotiated charge** is the amount **Aetna** has established for each **prescription drug** obtained from a **network pharmacy** under this plan. This **negotiated charge** may reflect amounts **Aetna** has agreed to pay directly to the **network 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 [formulary] [preferred drug guide].

[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 plan.]

[[Network] Advanced Reproductive Technology (ART) Specialist

A specialist **physician** who has entered into a contractual agreement with **Aetna** for the provision of covered **Advance Reproductive Technology (ART)** services.]

[[Network] Provider

A health care provider[, a **pharmacy**] [or **dental provider**] who has contracted to furnish services or supplies for this plan; but only if the provider is, with **Aetna**'s consent, included in the **directory** as a [network] **provider** for:

- [The service or supply involved; and
- The class of employees to which you belong.]]

[Network Service(s) or Supply(ies)

Health care service or supply that is:

- Furnished by a [network] **provider**; or
- Furnished or arranged by your [PCP] [PCD].]

[Night Care Treatment]

A **partial confinement treatment** program provided when you need to be confined during the night. A room charge is made by the **hospital, psychiatric hospital** or **[residential] treatment facility**. Such treatment must be available at least:

- 8 hours in a row a night; and
- 5 nights a week.]

[Non-Designated Network Specialists]

These are **network providers** who have not been designated as **Aexcel Designated Network Specialists** by **Aetna**.]

[[Non-Formulary] Drug]

A **prescription drug** that is not listed in the **[formulary] [preferred drug guide]**. [This includes **prescription drugs** on the **[formulary] [preferred drug guide]** exclusions list that are approved by medical exception.]

Non-Occupational Illness

A **non-occupational illness** is an **illness** that does not:

- Arise out of (or in the course of) any work for pay or profit; or
- Result in any way from an **illness** that does.

An **illness** will be deemed to be **non-occupational** regardless of cause if proof is furnished that the person:

- Is covered under any type of workers' compensation law; and
- Is not covered for that **illness** under such law.]

[Non-Occupational Injury]

A **non-occupational injury** is an **accidental** bodily **injury** that does not:

- Arise out of (or in the course of) any work for pay or profit; or
- Result in any way from an **injury** which does.]

[[Non-Serious] [Non-Severe] [Non-Biologically Based] Mental Disorder]

A mental disorder that is not defined as a **[serious] [severe] [biologically based] mental illness** or disorder in this plan.]

[Non-Specialist]

A **physician** who is not a **specialist**.]

[Non-Urgent Admission

An inpatient admission that is not an **emergency admission** or an **urgent admission.**]

[Occupational Injury or Occupational Illness

An **injury** or **illness** that:

- Arises out of (or in the course of) any activity in connection with employment or self-employment whether or not on a full time basis; or
- Results in any way from an **injury** or **illness** that does.]

[Occurrence

This means a period of **illness** or **injury**. An **occurrence** ends when 60 consecutive days have passed during which the covered person:

- Receives no medical treatment; services; or supplies; for an **illness** or **injury**; and
- Neither takes any medication, nor has any medication prescribed, for an **illness** or **injury**.]

[Orthodontic Treatment

This is any:

- Medical service or supply; or
- Dental service or supply;

furnished to prevent or to diagnose or to correct a misalignment:

- Of the teeth; or
- Of the bite; or
- Of the jaws or jaw joint relationship;

whether or not for the purpose of relieving pain.

The following are not considered **orthodontic treatment**:

- The installation of a space maintainer; or
- A surgical procedure to correct malocclusion.]

[Other Health Care

A health care service or supply that is neither **Network Service(s) or Supply(ies)** nor **Out-of-Network Service(s) and Supply(ies)**. **Other health care** can include care given by a provider who does not fall into any of the categories in your provider **directory** (or in DocFind® at Aetna's web site).]

[Out-of-Network Service(s) and Supply(ies)

Health care service or supply that is:

- Furnished by an **out-of network provider**; or
- Not furnished or arranged by your **PCP** or **PCD**; or
- Not **other health care**.]

[Out-of-Network Provider

A health care provider, a **pharmacy** or **dental provider** who has not contracted with **Aetna**, an affiliate, or a third party vendor, to furnish services or supplies for this plan.]

[Own Occupation

For employees in an own-specialty class: This is the occupation that you are routinely performing when your period of disability begins. If your occupation is limited to a recognized specialty within the scope of your degree or license, your specialty will be deemed to be your occupation.

For all other classes of employees:

The occupation that you are routinely performing when your period of disability begins. Your occupation will be viewed as it is normally performed in the national economy instead of how it is performed:

- For your specific employer; or
- At your location or work site; and
Without regard to your specific reporting relationship.]

[Own Occupation (Physician)

If you are a **physician, own occupation** means the general or sub-specialty in which you are practicing when your disability begins, for which:

- There is a specialty or sub-specialty recognized by the American Board of Medical Specialties or;
- You are a member of a board recognized by the American Dental Association.

If the specialty or sub-specialty in which you are practicing is not so recognized, **Aetna** will consider you to be practicing in the general specialty category.]

[Own Job

This is the job that you are routinely performing when your period of disability begins. Your job will be viewed as it is normally performed for your specific employer but without regard to your specific reporting relationship, location or work site.]

[Comprehensive] Prescription Drug Expense Coverage

[Comprehensive] Prescription Drug Expense Coverage is merely a name for the benefits in this section. It does not provide benefits covering expenses incurred for all Prescription Drugs. There are exclusions, deductibles, copayment features, fees and maximum benefit features. They are described in your Booklet-Certificate.

References to "Aetna" within the context of the prescription drug benefits provided under this Plan means Aetna Life Insurance Company, its affiliates, or any third party vendor under contract with Aetna.

This Plan pays a benefit for Covered Prescription Drug Expenses. The amount of the benefit is equal to the applicable Payment Percentage in excess of any copays or deductibles which apply, as set forth in the Schedule below.

Benefit amounts provided under this section will not be subject to:

- any limitation on coverage of expenses incurred for treatment of a Preexisting Condition;
- any provision under this Plan for coordination of benefits with "other plans", except the provision for coordinating benefits under this Plan with any Medicare benefits; and
- as to expenses incurred by a totally disabled person after coverage has ceased, any requirement that covered expenses must be incurred as to the injury or disease causing the total disability in order for any benefits to be payable.

For covered **Prescription Drugs** dispensed by a **Preferred Pharmacy**, the amount of the benefit will be based on the **negotiated charge**. When you obtain your **Prescription Drugs** through a **Preferred Pharmacy**, you will not be subject to balance billing. The benefit amount will be payable to the **Preferred Pharmacy** on your behalf.

[For covered **Prescription Drugs** dispensed by a **Non-Preferred Pharmacy**, the amount of the benefit will be based on the charge made by the **Pharmacy**. A claim must be submitted to Aetna for payment of the benefit.]

Note: Read your Booklet-Certificate carefully to see how your benefits for Covered Prescription Drug Expenses may vary. (See the Glossary for the definition of the important term.)

- Your benefit will be less if the expenses incurred for a **Prescription Drug** are not **Preferred Prescription Drug Expenses**.]
- See the Certification for Certain Prescription Drugs section. You must obtain certification for certain drugs or no benefits will be payable.]
- See your Medication Formulary. Your benefit will be greater for **Brand Name Prescription Drugs** if your **Physician** prescribes from this list. For certain Therapeutic Classes of drugs, your **Physician** must prescribe drugs from this list or no benefits will be payable.]

[SCHEDULE

Payment Percentage

XX% as to:

Preferred Pharmacy

	Copay Per Prescription or Refill	
	Supply of up to XX days	Mail Order Drug Supply of over XX days*
Generic Drugs	XX% of the negotiated charge	XX% of the negotiated charge
Brand Name		
On the Medication Formulary	XX% of the negotiated charge	XX% of the negotiated charge
Not on the Medication Formulary	XX% of the negotiated charge	XX% of the negotiated charge

Non-Preferred Pharmacy

	Copay Per Prescription or Refill	
	Supply of up to 30 days	Mail Order Drug Supply of over 30 days*
Generic Drugs	XX% of the recognized charge	XX% of the recognized charge
Brand Name		
On the Medication Formulary	XX% of the recognized charge	XX% of the recognized charge
Not on the Medication Formulary	XX% of the recognized charge	XX% of the recognized charge

* but not more than a XX day maximum supply.]

Glossary

[Preferred Pharmacy

A **pharmacy**, including a **mail order pharmacy** and **specialty pharmacy network pharmacy**, which is party to a contract with Aetna, an affiliate, or a third party vendor, to dispense to persons covered under this Plan, 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.]

[Negotiated Charge

As to Prescription Drug Expense Coverage:

The **negotiated charge** is the amount Aetna has established for each **prescription drug** obtained from a **preferred pharmacy**. 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 Plan.]

[Non-Preferred Pharmacy.

A Pharmacy not party to a Participating Agreement with Aetna, an affiliate, or a third party vendor, or a Pharmacy who is party to such a Participating Agreement but who does not dispense Prescription Drugs in accordance with its terms.]

[Specialty Care Drugs

Injectable, infusion, and oral drugs prescribed to address complex, chronic diseases with associated co-morbidities such as cancer, rheumatoid arthritis, hemophilia, multiple sclerosis which are listed in the specialty care drug list.]

[Specialty Pharmacy Network

A network of **preferred pharmacies**, vendors and suppliers designated to fill **self-injectable or specialty care drug prescriptions** for persons covered under this Plan.]

SERFF Tracking Number: AENX-126295511 State: Arkansas
 Filing Company: Aetna Life Insurance Company State Tracking Number: 43445
 Company Tracking Number: AH AR0204601F01
 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 AR0204601F01

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 - GR-9N and GR-9	Approved-Closed	09/23/2009
Comments:		
cover letter		
Attachment:		
Cover Letter - GR-9N and GR-9.PDF		

	Item Status:	Status Date:
Satisfied - Item: EOVS AL GE GR9N012015 V004, EOVS AL GE GR9N013010 V003, EOVS AL GE GR9N034000 V002, EOVS AL GE GR9N034005 V005, EOVS AL GE GR9N034070 V005, EOVS AL GE GR9N034075 V005, EOVS AL GE GR9N012010 V004, EOVS AL GE GR00012359 V001, EOVS AL GE GR00012360 V001	Approved-Closed	09/23/2009
Comments:		

SERFF Tracking Number: AENX-126295511 State: Arkansas
Filing Company: Aetna Life Insurance Company State Tracking Number: 43445
Company Tracking Number: AH AR0204601F01
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 AR0204601F01

explanation of variable

Attachments:

EOV AL GE GR9N012015 V004.PDF
EOV AL GE GR9N013010 V003.PDF
EOV AL GE GR9N034000 V002.PDF
EOV AL GE GR9N034005 V005.PDF
EOV AL GE GR9N034070 V005.PDF
EOV AL GE GR9N034075 V005.PDF
EOV AL GE GR9N012010 V004.PDF
EOV AL GE GR00012359 V001.PDF
EOV AL GE GR00012360 V001.PDF

	Item Status:	Status
Satisfied - Item: AR - NAIC TRANSMITTAL DOCUMENT, AR - NAIC FORM FILING ATTACHMENT	Approved-Closed	Date: 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-9N 12-010 04	38.29
GR-9N 12-015 04	42.6
GR-9N 13-010 03	50.3
GR-9N 34-005 05	43.7
GR-9N 34-070 05	56.3
GR-9N 34-075 05	46.9
GR-9 12359	51.9
GR-9 12360	45.5

Signed: John W Ciesielski

Name: John Ciesielski

Title: Manager Product and Regulatory Approvals

Date: September 4, 2009



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
Group Accident & Health Insurance Coverage
Booklet-Certificate Forms GR-9N and GR-9
GR-9 Insert Pages: GR-9 12359, GR-9 12360
GR-9N Form Segments: GR-9N 12-010 004, 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.

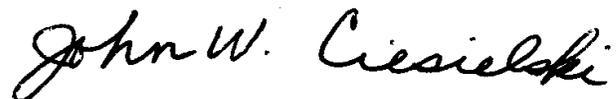
The purpose of this filing is to make various revisions to language appearing within the prescription drug benefit related sections of Booklet-Certificate forms GR-9N and GR-9. The intent behind these revisions is to further clarify certain administrative and claim related practices associated with our 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 GR-9N form segments with Booklet-Certificate form GR-9N that was approved by your Department on [June 23, 2006](#) and in conjunction with wraparound style master policy form GR-29N that was approved by your Department on June 23, 2006. We intend to use the GR-9 insert pages in conjunction with the Wraparound Style Policy form GR-29, approved by your Department on November 17, 1987.

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, prominent initial "J".

John W. Ciesielski, Manager
Product & Regulatory Approvals

Aetna Life Insurance Company
Explanation of Variability
GR-9N
12-015
04

Limited Prescription Drug Expense Insurance

General Comments

The heading will reflect the coverage selected by the Policyholder and this will be reflected by the text.

- The word “Expense” may be omitted.
- The word “Insurance” may be changed to “Coverage” or “Plan”.

www.aetna.com is the current website address. The address may be revised to reflect the appropriate website address if it changes.

“Docfind” is the current name of Aetna’s on line provider directory. The name will be revised to reflect the appropriate online directory name if it changes.

Reference to “Member Services” is variable throughout the document as department names change over time. The appropriate department name will be included if it changes.

Reference to “PPO”, in “How The PPO Plan Works” may change to reflect the plan selected by the policyholder.

How the PPO Plan Works

1. This sentence will be omitted if the plan does not cover out-of-network benefits.
 - The word “state” will be included where the plan covers prescriptions dispensed within the United States only.
2. This sentence will be included if the plan covers only network benefits, otherwise it will be omitted.

Accessing Network Pharmacies and Benefits

3. The last sentence of the second paragraph and the third and fourth paragraph will be included when the plan requires the insured to file claim forms.

Emergency Prescriptions

4. The selected reimbursement limit determination will be included.
 - The term “negotiated charge” or “recognized charge” will be included depending on the policyholder’s plan design.

Availability of Providers

This sub-section may be included as shown or omitted.

Aetna Life Insurance Company
Explanation of Variability
GR-9N
12-015
04

Cost Sharing for Network Benefits

The first bulleted item will be included if the plan includes any deductibles, otherwise it will be omitted.

The second bulleted item will be included if the plan includes copayments, otherwise it will be omitted.

- If the copayment applies to all drugs, the sentence starting with, “There is a copayment for...” will be omitted.
- The appropriate drug type or category to which the copayment applies will be included. “Preferred” may be changed to “formulary”, “self-injectable” may be changed to “injectable”.
- Reference to “Prescription” may be omitted.

The third bulleted item will be included if the plan has coinsurance otherwise it will be omitted.

- The paragraph will start with “After you satisfy the deductible...” if there is a deductible or copayment. If included, references to either deductible or copayment will be included or omitted in accordance with the policyholder’s plan.
- If there is no deductible or copayment, the paragraph will start with “You will be responsible for...”. The appropriate term will be included in accordance with the policyholder’s plan.
- The last sentence of this paragraph will be included if the plan has an out-of-pocket limit otherwise it will be omitted. The appropriate term will be included. Reference to “out-of-pocket” limit may be changed to “payment” limit.

The fourth bulleted item will be included if the plan has an out-of-pocket limit, otherwise it will be omitted.

- The reference to “Schedule of Benefits” may be changed to reflect the appropriate Certificate section.

The fifth bulleted item will be included if the plan has any benefit maximums, otherwise it will be omitted.

- The reference to “Schedule of Benefits” may be changed to reflect the appropriate Certificate section.

Aetna Life Insurance Company
Your Prescription Drug Insurance
Precertification
Explanation of Variability
GR-9N
13-010
03

Precertification

This section will be included when a policyholder's plan requires precertification.

How to Obtain Precertification

The second paragraph will be included if the plan requires out-of-network precertification.

Step-Therapy

This section will be included when a policyholder's plans requires step-therapy.

- The second paragraph will be included or omitted in accordance with the policyholder's plan design. If included, the first bracketed phrase will be included in lieu of the second bracketed phrase in the event the penalty for failure to obtain the requisite medical exception is a full exclusion with respect to the prescription drug in question. The reverse is true when the penalty for failure to obtain the requisite medical exception is a reduction in the benefit payable with respect to the prescription drug in question.
- In the third paragraph there is a reference to the website www.Aetna.com/formulary. This is the current site name of Aetna's online preferred drug guide. This will be revised to reflect the appropriate site name if it changes.

Medical Exception

This section will be included if the plan requires precertification, and/or step-therapy and also includes a formulary exclusion list.

- Reference to formulary exclusion list, precertification, step-therapy and brand-name prescription drugs will be included as applicable to a policyholder's plan.
- Reference to 'precertification department of Aetna's Pharmacy Management Department' may not be included or the name of the department may be changed.

Aetna Life Insurance Company
Explanation of Variability
GR-9N
34-000
02

General Notes that apply to this section

- A particular definition will appear in this Glossary for the Booklet-Certificate only when that term is applicable to the plan of benefits purchased by the policyholder. Therefore, any definition may be included.
- All bracketed phrases, terms, may be omitted as applicable to a particular policyholder's plan.
- If a term is approved with multiple options, for example (e.g. "formulary" changed to "preferred drug list"), then that defined term will be integrated under the appropriate alphabetical listing within this glossary. For the example given, it would mean that the drug guide definition would move from "F" to "P" within the issued documents
- Reference to "Booklet-Certificate" may be changed to "Certificate" or "Certificate of Coverage".
- Reference to "dependents" will be omitted if the plan does not include such coverage.
- Reference to "calendar year" or "policy year" are interchangeable, or may be changed to "plan year", "contract year", "policy term", "contract term", "365 consecutive day period" or "12 consecutive month period".
- Reference to "illness" may be changed to "disease".
- Reference to "employee" may be changed to "subscriber", "enrollee", "member", "you".
- References to "Schedule of Benefits" may be changed to "Summary of Benefits", "Schedule of Coverage" or "Summary of Coverage".
- Reference to "policyholder" and/or "employer" may be changed to "association", "plan sponsor", "contract holder", or "participating employer", "member group".
- Reference to "network" may be changed to "in-network", "participating" or "preferred" or it may be omitted if the plan does not have a network.
- Reference to "out-of-network" may be changed to "non-participating", "non-preferred" or "non-network" or it may be omitted if the plan is not a network based plan.
- Reference to "medical" may be changed to "health".

Aetna Life Insurance Company
Explanation of Variability
GR-9N
34-005
05

Glossary Letter 'A'

General

Each defined term will be included or omitted as appropriate to the policyholder's plan of benefits.

Active at Work

1. If this defined term is included, each bracketed item may be omitted or included as appropriate for the policyholder's plan of benefits.

Administrator

2. The bracketed items may be omitted.

Aexcel Designated Network Specialists

3. 'DocFind®' is the current name of Aetna's online provider directory. 'DocFind may be revised to reflect the appropriate online directory name if it changes.

Aetna Life Insurance Company
Explanation of Variability
GR-9N
34-070
05

Glossary Letter ‘N’

General

Each defined term will be included or omitted as appropriate to the policyholder’s plan of benefits.

1. Either “formulary” or “preferred drug guide” will be included.
2. This sentence addressing manufacturer rebates may be omitted.
3. These items may be omitted or the appropriate terms will be included.
4. The appropriate term will be included.
5. The term “residential” may be omitted.
6. The term “Non-Formulary” may be omitted or changed to a word with similar meaning.
7. This item may be omitted.

Aetna Life Insurance Company
Explanation of Variability
GR-9N
34-075
05

Glossary Letter ‘O’

General

Each defined term will be included or omitted as appropriate to the policyholder’s plan of benefits.

All references to “employment” or “employer” will be changed to the correct terminology for the type of policyholder, (e.g., labor union).

1. Under the definition of Orthodontic Treatment, the final paragraph identifying what are not considered orthodontic treatment may or may not be included.
2. Under the definition of Other Health Care, the end of the definition refers to “DocFind®”. This is the current name of Aetna’s online provider directory. The term “DocFind” may be revised to reflect the appropriate online directory name if this name changes.
3. Under the definition of Out-of-Network Services and Supplies, the words “out-of-network” may be changed to another term, (e.g., non-participating). The definition may include reference to either or both a Primary Care Physician (PCP) or Primary Care Dentist (PCD), or this bullet may not be included depending upon the policyholder’s plan of benefits. The third bullet mentioning other health care may or may not be included.
4. The definition of Out-of-Network Provider will be modified to reflect the categories of providers and coverage under a policyholder’s plan of benefits.
5. Under the definition of Own Occupation (Physician), the term “physician” may be changed to “dentist” or may be expanded to include “dentist.” In addition, the definition will contain the name of the appropriate medical and dental associations or group as are applicable to the policyholder’s plan of benefits.

Aetna Life Insurance Company
Explanation of Variability
GR-9N
12-010
04

Getting Started: Common Terms

General Comments

Sub section 12-010 may be omitted if the terms are moved to the Glossary. Each term may be omitted if not a part of the Policyholder's plan or may be included in the Glossary.

The word "Prescription" may be omitted.

The reference to "Medispan" is bracketed to provide flexibility in case of a name change.

The term "preferred" may be changed to "formulary".

The reference to "list" may be changed to "guide".

www.aetna.com/formulary is the current site name of Aetna's online preferred drug list. It may be revised to reflect the appropriate site if it changes.

The reference to "Self" in the second and last paragraphs on page 2 may be omitted.

AETNA LIFE INSURANCE COMPANY
EXPLANATION OF VARIABILITY

Group Accident and Health Certificate Form GR-9
Outpatient Prescription Drug Benefit

Variability, as indicated by brackets surrounding variable text, is required so that only the appropriate information will be reflected based upon the specific plan of benefits or provisions selected by the customer from the many options that are available. Any change made to the language will not result in a departure from the intent and purpose of the provision and will be in full compliance with any applicable state laws and regulations.

The placement of the text within the certificate may vary to avoid gaps that would otherwise be created by the deletion of bracketed text. Connective words and phrases, which serve the grammatical purpose of meaningful continuity and do not affect the description of the payment of benefits or other terms or conditions of the group policy, may vary as the sense demands.

Certificate Insert Page GR-9 12359
Comprehensive Prescription Drug Expense Benefit

- The term "Comprehensive" may be deleted or may change to a different term, e.g. PPO.
- In the fourth paragraph, the first bullet will be removed in the event that (i) prescription drug expenses are subject to the pre-existing condition exclusion or limitation; or (ii) the plan does have a pre-existing conditions exclusion or limitation.
- The seventh paragraph will be removed in the event the plan does not cover prescription drugs obtained through non-preferred (out-of-network) pharmacies.
- In the eighth paragraph (Note),

If the plan does not cover prescription drugs obtained through non-preferred (out-of-network) pharmacies, the first bullet will be removed.

If the policyholder does not elect the Certification for Certain Prescription Drugs feature, then the second bulleted item will be removed.

The third bulleted item will be removed if the policyholder has not elected to include a Medication Formulary in the plan.

- If a plan has a requirement that certain drugs which fall within specific therapeutic classes must be prescribed from the Medication Formulary for benefits to be payable, then the second sentence in the third bullet will be removed.
- If a plan has a Medication Formulary but does not require that drugs be prescribed from this list in order to receive a benefit for certain drugs, then the third sentence in the third bullet will be removed.

- SCHEDULE

- Payment Percentage. This value may range from 50 to 100% or may be removed.
- Supply Limit. This value may range from 30 to 90 days. It may differ between mail order and retail pharmacies.
- The prescription drug benefit may be written as a one, two, or three tier benefit.
- Copay. The schedule reflects a percentage copay, but a flat dollar copay may be substituted. The percentage copay may range from 10 to 60%. The dollar copay may range from zero to \$75 (generic) \$100 (brand name formulary) and \$300 (brand name non-formulary).

AETNA LIFE INSURANCE COMPANY
EXPLANATION OF VARIABILITY

Group Accident and Health Certificate Form GR-9
Outpatient Prescription Drug Benefit

Variability, as indicated by brackets surrounding variable text, is required so that only the appropriate information will be reflected based upon the specific plan of benefits or provisions selected by the customer from the many options that are available. Any change made to the language will not result in a departure from the intent and purpose of the provision and will be in full compliance with any applicable state laws and regulations.

The placement of the text within the certificate may vary to avoid gaps that would otherwise be created by the deletion of bracketed text. Connective words and phrases, which serve the grammatical purpose of meaningful continuity and do not affect the description of the payment of benefits or other terms or conditions of the group policy, may vary as the sense demands.

Certificate Insert Page GR-9 12360

Glossary

Definitions -

Preferred Pharmacy. This definition is always included, unless the prescription drug benefit is not a network based benefit. The reference to the specialty pharmacy network may be included or omitted.

Negotiated Charge. This definition is always included, unless the prescription drug benefit is not a network based benefit.

Non-Preferred Pharmacy. This definition is always included, unless the prescription drug benefit is not a network based benefit.

Specialty Care Drugs. This definition is included when this class of drugs is covered through the specialty pharmacy network.

Specialty Pharmacy Network. This definition is included when the plan covers self-injectable or all injectable drugs through the specialty pharmacy network. The reference to the specialty care drugs may be included or omitted.

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	Arkansas
-----------	----------------------------------	----------

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 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 AR0204601F01
-----------------------------------	-----------------

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 Booklet-Certificate forms GR-9N and GR-9. 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 AR0204601F01	
This filing corresponds to rate filing company tracking number		

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	Getting Started - Common Terms	GR-9N 12-010 04	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
02	How the PPO Plan Works	GR-9N 12-015 04	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03	Precertification	GR-9N 13-010 03	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04	Glossary Letter A	GR-9N 34-005 05	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05	Glossary Letter N	GR-9N 34-070 05	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06	Glossary Letter O	GR-9N 34-075 05	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07	Prescription Drug Expense Coverage	GR-9 12359	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08	Glossary - Prescription Drug Related Definitions	GR-9 12360	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
11			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	