

<i>SERFF Tracking Number:</i>	<i>CMLX-126276368</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Companion Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>43295</i>
<i>Company Tracking Number:</i>	<i>GHSAR0007701F02</i>		
<i>TOI:</i>	<i>H16G Group Health - Major Medical</i>	<i>Sub-TOI:</i>	<i>H16G.001C Any Size Group - Other</i>
<i>Product Name:</i>	<i>MMEM02GR09</i>		
<i>Project Name/Number:</i>	<i>MMEN02GR09/GHSAR0007701F02</i>		

Filing at a Glance

Company: Companion Life Insurance Company

Product Name: MMEM02GR09

SERFF Tr Num: CMLX-126276368 State: Arkansas

TOI: H16G Group Health - Major Medical

SERFF Status: Closed-Approved-Closed
State Tr Num: 43295

Sub-TOI: H16G.001C Any Size Group - Other

Co Tr Num: GHSAR0007701F02

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Rosalind Minor

Author: SPI CompanionLife

Disposition Date: 09/03/2009

Date Submitted: 08/21/2009

Disposition Status: Approved-Closed

Implementation Date Requested: 08/21/2009

Implementation Date:

State Filing Description:

General Information

Project Name: MMEN02GR09

Status of Filing in Domicile: Not Filed

Project Number: GHSAR0007701F02

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Overall Rate Impact:

Group Market Type: Employer

Filing Status Changed: 09/03/2009

Explanation for Other Group Market Type:

State Status Changed: 09/03/2009

Deemer Date:

Created By: SPI CompanionLife

Submitted By: SPI CompanionLife

Corresponding Filing Tracking Number:

Filing Description:

Companion Life Insurance Company hereby files for approval the attached additional pages which will provide an additional benefit design for a high deductible benefit. These pages will be used with Certificate CLIC-C-0105-1-AR, previously approved by your Department on June 17, 2009. The SERFF ID# for the previously approved filing is CMLX-126180557.

Companion's properly licensed agents will market these forms to small and large employer groups in your state. We certify that all revisions to variable text will be in full compliance with applicable state law.

Company and Contact

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Filing Contact Information

Vivian Frederic, Contracts Compliance vivian.frederic@companiongroup.com
 Specialist
 7909 Parklane Rd 803-735-1251 [Phone] 46777 [Ext]
 Columbia, SC 29223-5666 800-836-5433 [FAX]

Filing Company Information

Companion Life Insurance Company CoCode: 77828 State of Domicile: South Carolina
 7909 Parklane Rd, Suite 200 Group Code: 661 Company Type:
 Columbia, SC 29223-5666 Group Name: Companion Life State ID Number:
 Insurance Company
 (803) 735-1251 ext. [Phone] FEIN Number: 57-0523959

Filing Fees

Fee Required? Yes
 Fee Amount: \$20.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Companion Life Insurance Company	\$20.00	08/21/2009	30026862

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	09/03/2009	09/03/2009

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Disposition

Disposition Date: 09/03/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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<i>TOI:</i>	<i>H16G Group Health - Major Medical</i>	<i>Sub-TOI:</i>	<i>H16G.001C Any Size Group - Other</i>
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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
Form	Schedule of Benefits	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	CLIC-C-0105-1-AR	Certificate	Schedule of Benefits	Initial		40.200	CLIC-C-0105-1-AR.PDF
09/03/2009							

SCHEDULE OF BENEFITS

ELIGIBILITY, EFFECTIVE DATE, AND TERMINATION

Eligible Members: [All full-time Employees of the Employer]

Eligibility Periods:

- Initial Members: [3 months of employment in a row as a full-time Employee]
- New Members: [3 months of employment in a row as a full-time Employee]

[Policy Month: The period of time that begins on the 1st day of each calendar month and ends on the day just before that date of the next month. The first Policy Month begins on the Policy Effective Date; the last Policy Month ends on the day the Policy ends.]

MEDICAL CARE COVERAGE FOR MEMBERS [AND DEPENDENTS]

MAJOR MEDICAL EXPENSE BENEFITS (HIGH DEDUCTIBLE HEALTH PLAN)

MAXIMUM BENEFITS

- Overall Lifetime Maximum Benefit for all Covered Charges: \$2,000,000
- Inside Lifetime Maximum Benefit for all Covered Charges for or in connection with, or as a consequence of Covered Transplants under the Transplant Program: \$ 500,000
- Inside Maximum Benefits for all Covered Charges for treatment of Mental Disorders: (For HIPAA small groups only – no inside dollar limits for large groups)
 - Calendar Year \$ 5,000
 - Lifetime \$ 25,000]
- [Inside Calendar Year Maximum Benefits for all covered charges for Treatment of Alcoholism \$ 1,000]

DEDUCTIBLES:

Calendar Year Deductible

	PREFERRED CHARGE – IN NETWORK	NON-PREFERRED CHARGE – OUT-OF- NETWORK
--	--	---

- | | | |
|--|----------|----------|
| • [Individual amount per Covered Person, per calendar year | \$1,250 | \$1,250 |
| • Amount per family, per calendar year | \$2,500* | \$2,500* |

*If a Member is enrolled for family coverage, no benefits will be payable until the entire family deductible is met. The family deductible may be met by one or more family members.

“Family Members” include only you and those insured as your Dependents.

Charges used to satisfy the individual and family maximum Calendar Year Deductibles that apply to In Network charges will [not] be used to satisfy the individual and family maximum Calendar Year Deductibles that apply to Out of Network charges and vice versa.]

SCHEDULE OF BENEFITS (Continued)

OUT-OF-POCKET EXPENSE MAXIMUM

	PREFERRED CHARGE – IN NETWORK	NON-PREFERRED CHARGE – OUT- OF- NETWORK
Individual amount per Covered Person per calendar year:	[\$5,230	\$5,230]
Amount per family per calendar year	[\$10,500*	\$10,500]*

Out-of-Pocket expenses include the Calendar Year Deductible and any coinsurance percentage paid by the Covered Person, but they do not include:

- any charge, or part of a charge, which is not a Covered Charge;
- charges for which no benefits are payable due to application of the Utilization Review Penalty.

If a Member is enrolled for Member only coverage, and the amount the Member pays for Covered Charges reaches the Out-of-Pocket Expense Maximum, benefits for Covered Charges incurred by the Member for the rest of that calendar year will be payable at 100%.

If a Member is enrolled for family coverage, and the amount the family pays for Covered Charges reaches the family Out-of-Pocket Expense Maximum, benefits for Covered Charges incurred by family members for the rest of that calendar year will be payable at 100%.

Charges used to satisfy the individual and family Out-of-Pocket Expense Maximums that apply to In Network charges will [not] be used to meet the individual and family Out-of-Pocket Expense Maximums that apply to Out of Network charges and vice versa.

INSURED PERCENTAGES

COVERED CHARGES FOR INJURY AND ILLNESS, after Calendar Year Deductible (unless otherwise indicated below)

Insured Percentage of Covered Charges incurred:	PREFERRED CHARGE – IN NETWORK	NON-PREFERRED CHARGE – OUT-OF- NETWORK
Hospital Benefit		
Hospital Daily Room Limit, Semi-private Rate	[90%	70%]
Intensive Care Unit Limit, up to Reasonable and Customary charge	[80%	60%]
Intermediate Care Unit Daily Rate Up to 1½ times semi-private rate	[70%	50%]
Outpatient Services, other than Hospital Emergency Room	[90%	70%]
Hospital Emergency Room	[90%	70%]

Doctors Care Benefit

Surgical Services, Hospital Inpatient	[90%	70%]
Surgical Services, Outpatient	[90%	70%]
Hospital Visits	[90%	70%]
Office Visits, other than Manipulative Therapy of Spine and Soft Tissue	[90%	70%]

SCHEDULE OF BENEFITS (Continued)

	PREFERRED CHARGE -- IN NETWORK	NON-PREFERRED CHARGE – OUT-OF- NETWORK
Manipulative Therapy of Spine and Soft Tissue		
Up to [\$25] per visit (all combined services) and limited to 2 visits per 7 consecutive days. Up to 52 visits per calendar year.	[50%	50%]
Home Health Care		
Up to [\$75] per visit for Skilled Nursing; Maximum of 60 visits per calendar year for all services of combined Agencies	[90%	70%]
Preventative Benefit		
Includes Routine Physical Exams, Well Baby Exams, X-Ray and Lab Tests, Pap Smears, Mammograms, Immunizations, Gynecological Exams Up to [\$200] per Calendar Year	100%	100%
	(Calendar Year Deductible not Applicable)	
Hospice Care Benefit		
Up to [\$5,000] lifetime	[90%	70%]
Nurses Care Benefit		
Up to [60] visits per calendar year (Refer to Home Health Care)	[90%	70%]
Skilled Nursing Facility		
Up to [90] days per calendar year.	[90%	70%]
Licensed Ambulance Services		
	[90%	70%]
Physiotherapy Benefit		
Up to [\$5,000] per Calendar Year	[90%	70%]
Mental/Nervous Benefit:		
[[small group]]		
Inpatient, up to 30 days per Calendar Year, up to Maximum Benefit	[90%]	[70%]
Outpatient, not to exceed 1 visit per 14 days	[50%]	[50%]
Inpatient and partial hospitalization subject to \$100 maximum allowable charge per visit with one inpatient visit per day.]	[90%]	[70%]
[[large group]]		
Inpatient, up to 30 days per Calendar Year, up to Maximum Benefit	[90%]	[70%]
Outpatient, not to exceed 1 visit per 14 days	[50%]	50%]
	DESIGNATED TRANSPLANT FACILITY	NON- DESIGNATED TRANSPLANT FACILITY
[Insured Percentage of Covered Charges incurred:		
• for, in connection with, or a consequence of Covered Transplants under the Transplant Program	[90%	70%]
Prescription Drug Benefit		
	PARTICIPATING PHARMACY	NON-PARTICIPATING PHARMACY
	[90%	70%]

SCHEDULE OF BENEFITS (Continued)

[UR Penalty:** The Insured Percentage of Covered Charges due to or for treatment, care, services, or supplies subject to Utilization Review (UR) is reduced by [25%] for failure to comply with the UR Program as stated in the Policy.]

[Utilization Review is required for treatment, care, services, or supplies provided:

- for, during, or in connection with an Inpatient or Partial Hospitalization stay in a Covered Facility;
- for or in connection with Outpatient surgery or Outpatient invasive diagnostic testing in a Hospital or Ambulatory Surgical Center;
- through a Home Health Agency;
- as part of a Hospice Program;
- for or in connection with physical, occupational or speech therapy in a Hospital or freestanding rehabilitation facility;
- for or in connection with magnetic resonance imaging (MRI) or lithotripsy;
- for durable medical equipment;
- for growth hormones;
- for air ambulance and non emergency ambulance service;
- for sleep studies;
- for pain clinics;
- for treatment of a condition that no Preferred Provider in the PPO Area treats (in order for Preferred Charges to be payable);
- in observation units;
- for anti-rejection drugs to assist in maintaining transplanted organs, tissues, or cells;
- [for or in connection with coverage for anesthesia and hospitalization for dental procedures;] or
- for or in connection with treatment of Alcoholism.]

[Provisions For Initial Covered Persons: Previous Insurer: DEF Insurance Company]

Administrator: [Total Plan Services, Inc., 14001 Dallas Parkway N, Suite 700, Dallas, Tx 75240; Phone: 1-800-969-5238.]

Utilization Review Program: [iProcert, 4210 Columbia Road, Suite 14, Martinez, GA 30907; Phone: 1-866-739-0926, 24 hours a day.*]

Claims Office: [Total Plan Services, Inc., 14001 Dallas Parkway N, Suite 700, Dallas, Tx 75240; Phone: 1-800-969-5238.]

*** For Transplant Only:** [United Resource Networks, 6300 Olsen Memorial Highway, Minneapolis, MN 55427; Phone: 1-800-847-2050, 24 hours a day.]

PRESCRIPTION DRUG EXPENSE BENEFITS

Benefits Payable

Covered Charges under Major Medical Expense Benefits will include benefits for Covered Prescription Drug Expenses. A Covered Prescription Drug Expense is the actual Charge incurred while insured for this benefit for a Covered Prescription Drug, not to exceed the Average Wholesale Price.

Covered Prescription Drugs

The following are Covered Prescription Drugs:

- Legend Drugs.
- Compounded medications of which at least one ingredient is a Legend Drug.
- Insulin with prescription.
- Any other drug that under the applicable state law may only be dispensed upon the written prescription of a Practitioner.

The Covered Prescription Drugs must be prescribed for you (or your Dependent) by a Practitioner. The Covered Prescription Drugs must be Medically Necessary for treatment of Injury or Illness, except for oral Prescription Contraceptives for you (or your Dependent spouse). Supplies of Covered Prescription Drugs must be within the Eligible Quantity.

Eligible Quantity

The Eligible Quantity per prescription or refill is limited to [30] days.

How To Obtain Prescription Drugs

Covered prescription drugs are obtained through:

Participating Pharmacies: Participating Pharmacies are those pharmacies described as such in your insurance packet. You will be furnished a prescription drug card for use at these Pharmacies. The cards are individualized and will bear your name. If such a pharmacy is used, you [(or your Dependent)] must pay for the prescription. The pharmacy will forward the bill to us. Once you have met any applicable deductible, benefits will be paid as shown in the SCHEDULE OF BENEFITS.

Non-Participating Pharmacies: Non-Participating Pharmacies are those pharmacies that do not have agreements to dispense Prescription Drugs under a program agreed to by us. If such a pharmacy is used, you [(or your Dependent)] must pay for the prescription and follow the instructions given in your insurance packet on how to submit a claim for reimbursement.

Prior Authorization: For certain drugs or classes of drugs, We reserve the right to require prior authorization before dispensing.

Since these pharmacies are not parties to the Policy, they bear no liabilities for its terms. In addition, we assume no responsibility for any action of any pharmacy, including, but not limited to when a Participating Pharmacy does not honor the prescription drug card. Our obligations under the Policy are limited to payment of the benefits that are provided by it in accordance with all its terms and provisions.

Definitions

Average Wholesale Price – the published cost of a drug product to the wholesaler.

Legend Drug – a drug obtainable only upon prescription by a Practitioner.

PRESCRIPTION DRUG EXPENSE BENEFITS, Continued

Prescription Drug Exclusions

The exclusions listed in the MEDICAL EXCLUSIONS section apply with respect to Prescription Drug Expense Benefits. In addition, charges for the items listed below are not Covered Prescription Drug Expenses. No benefits will be paid for such charges.

- Drugs or medicines that are not Medically Necessary for treatment of Injury, Illness, or other conditions specifically covered by the Policy;
- Items used to prevent or terminate pregnancy in a Member or Dependent Spouse (including, but not limited to, implants, injections, pills, diaphragms, jellies, creams, foams, or condoms), except for oral Prescription Contraceptives;
- Items used to prevent or terminate pregnancy (including, but not limited to, implants, injections, pills, diaphragms, jellies, creams, foams, or condoms) in a Dependent Child;
- Growth hormones in excess of \$[5,000] per calendar year;
- Non-legend drugs other than insulin;
- The administration or injection of any drug;
- Therapeutic devices or appliances, including hypodermic needles, syringes (unless for injection of insulin), support garments, and other non-medicinal substances, regardless of intended use;
- Prescriptions that an eligible person is entitled to receive without charge from any Worker's Compensation Laws or Occupational Disease Laws, or any municipal, state, or federal program, or any medication furnished by any other drug or medical service for which no charge is made to the member;
- Drugs labeled "Caution - limited by federal law to investigational use," or experimental drugs even though a charge is made to an individual*;
- Infertility drugs, immunization agents, biological sera, blood, or blood plasma;
- Medication that is to be taken by or administered to an individual, in whole or part, while he is a patient in a licensed hospital, rest home, sanitarium, extended care facility, convalescent hospital, nursing home or similar institution that operates on its premises, or allows to be operated on its premises, a facility for dispensing pharmaceuticals;
- Refills in excess of the number specified by the Practitioner, or any refill dispensed after one year from the Practitioner's order;
- Retin-A except up to and including the age of [25] years;
- Smoking deterrents, or drugs whose sole purpose is to promote or stimulate hair growth;
- Cosmetic drugs, health and beauty aids, cosmetics, anorexiant, and dietary supplements;
- Any covered drug that is consumed at the time and place of the prescription order.
- [Injectables other than insulin.]

*NOTE: We will not limit or exclude any drug approved by United States Food and Drug Administration (FDA) for use in the treatment of cancer on the basis that the drug has not been approved by the FDA for the treatment of the specific type of cancer for which it has been prescribed. Such drug must be: (1) recognized as safe and effective for treatment of the specific type of cancer for which it was prescribed in the American Hospital formulary Service drug information or the United States Pharmacopoeia dispensing information, unless the use is identified as not indicated in one or more such compendia; or (2) recognized as safe and effective for treatment of the specific type of cancer in two articles from medical literature that have not had their recognition of the drug's safety and effectiveness contradicted by clear and convincing evidence presented in another article from medical literature. Benefits include medically necessary services associated with the administration of such drug to the extent they are covered expenses. We will not cover any drug that: (a) the FDA has determined its use to be contraindicated for the treatment of the specific type of cancer for which the drug has been prescribed; or (b) has not been approved by the FDA.

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: AR - READABILITY CERTIFICATION.PDF	Approved-Closed	09/03/2009

	Item Status:	Status Date:
Bypassed - Item: Application Bypass Reason: Not applicable - application previously approved. Comments:	Approved-Closed	09/03/2009

STATE OF ARKANSAS
READABILITY CERTIFICATION

COMPANY NAME: Companion 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
CLIC-C-0105-1-AR	40.2

Signed: 
Name: Karl Kemmerlin
Title: Vice President and CFO
Date: August 21, 2009