

SERFF Tracking Number: HUMA-126317977 State: Arkansas
Filing Company: Humana Insurance Company State Tracking Number: 43585
Company Tracking Number:
TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001A Any Size Group - PPO
Product Name: AR MAINT 7/2009 - AMP
Project Name/Number: /

Filing at a Glance

Company: Humana Insurance Company
Product Name: AR MAINT 7/2009 - AMP
TOI: H16G Group Health - Major Medical

SERFF Tr Num: HUMA-126317977 State: Arkansas
SERFF Status: Closed-Approved- State Tr Num: 43585
Closed

Sub-TOI: H16G.001A Any Size Group - PPO
Filing Type: Form

Co Tr Num: State Status: Approved-Closed
Reviewer(s): Rosalind Minor
Author: Berthena Reed Disposition Date: 09/29/2009
Date Submitted: 09/24/2009 Disposition Status: Approved-Closed
Implementation Date:

Implementation Date Requested: On Approval
State Filing Description:

General Information

Project Name:
Project Number:
Requested Filing Mode:
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 09/29/2009

Status of Filing in Domicile:
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Group
Group Market Size: Small and Large
Group Market Type: Association
Explanation for Other Group Market Type:
State Status Changed: 09/29/2009
Created By: Berthena Reed
Corresponding Filing Tracking Number:

Deemer Date:
Submitted By: Berthena Reed
Filing Description:
Please see attached

Company and Contact

Filing Contact Information

Berthena Reed, Contract Analyst
2 Riverwood Place
N19 W24133 Riverwood Drive
Waukesha, WI 53188

breed2@humana.com
262-951-2516 [Phone]

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Filing Company Information

Humana Insurance Company	CoCode: 73288	State of Domicile: Wisconsin
1100 Employers Boulevard	Group Code: 119	Company Type: Life & Health
Green Bay, WI 54344	Group Name:	State ID Number:
(800) 558-4444 ext. [Phone]	FEIN Number: 39-1263473	

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Humana Insurance Company	\$50.00	09/24/2009	30802654

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	09/29/2009	09/29/2009

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Disposition

Disposition Date: 09/29/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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State: Arkansas

Filing Company: Humana Insurance Company

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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	NAIC Transmittal	Approved-Closed	Yes
Form	Arkansas Rider	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 09/29/2009	AR-71012-01 MAINT 8-2009	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Arkansas Rider	Initial			AR-71012-01 MAINT 8- 2009.pdf

ARKANSAS RIDER

HUMANA INSURANCE COMPANY

[Policyholder: [John Doe]]
[Policy Number: [xxxxxxx]]
[Effective Date: [xxxxxxxxx]]

This benefit rider is attached to and made a part of your policy. Except as modified below, all policy terms, conditions, and limitations apply.

The policy to which this rider is attached is amended as follows:

The **POLICY DEFINITIONS** section is amended as follows:

The following replaces the last paragraph in the definition of **Dependent**:

[A child is a full-time student when that child maintains full-time status at an accredited secondary school, college or university, as defined by that school, with no more than 4 months between school terms. However, a *dependent* child who takes a *medically necessary leave of absence* may continue to be eligible for coverage until the earlier of:

- One year after the first day of the *medically necessary leave of absence*; or
- The date coverage would otherwise terminate under this *certificate*.

We must receive written certification from the dependent child's health care practitioner that the dependent child has a bodily injury or sickness that requires a medically necessary leave of absence. In no event will coverage continue beyond the limiting age.]

The following definition is added:

[**Medically necessary leave of absence** means a leave of absence for a *dependent* child who is no longer enrolled for sufficient course credits to maintain full-time status as defined by the school the *dependent* child is attending or had any other change in enrollment at such institution.

The *medically necessary leave of absence* must:

- Begin due to a *bodily injury* or *sickness*;
- Be determined *medically necessary* by the *dependent* child's *healthcare practitioner*, who must provide *us* with written certification; and
- Cause the *dependent* child to lose full-time student status as defined by the school the *dependent* child is attending.]

Cancer Clinical Trial

ARKANSAS RIDER

Coverage will be provided for *routine patient care costs* furnished to a *qualified individual* participating in an *approved clinical trial* if the *service*, item or drug is otherwise covered under this *certificate*.

Approved clinical trial means:

- A clinical research study or clinical investigation approved or funded in full or in part by 1 or more of the following:
 - The National Institutes of Health;
 - The Centers for Disease Control and Prevention;
 - The agency for Health Care Research and Quality;
 - The Centers for Medicare and Medicaid Services;
 - A bona fide clinical trial cooperative group including the National Cancer Institute Clinical Trials Cooperative group, the National Cancer Institute Community Clinical Oncology Program, the AIDS Clinical Trials Group and the Community Programs for Clinical Research in AIDS; or
 - The Department of Defense, the Department of Veterans Affairs, the Department of Energy or a qualified nongovernmental research entity to which the National Cancer Institute has awarded a support grant;
- A study or investigation approved by the Food and Drug Administration (FDA), including those conducted under an investigational new drug or device application reviewed by the FDA; or
- An investigation or study approved by an Institutional Review Board registered with the Department of Health and Human Services that is associated with an institution that has a federal wide assurance approved by the Department of Health and Human Services specifying compliance with 45 C.F.R. Part 46.

Qualified individual means a *covered person* who is eligible to participate in an *approved clinical trial* provided the *approved clinical trial* is for the purposes of prevention, early detection, treatment or monitoring of cancer, chronic disease or a life-threatening illness.

Routine patient costs means:

- Items, drugs and *services* that are typically provided absent a clinical trial;
- Items, drugs and *services* required solely due to the investigational item or *service*, the clinically appropriate monitoring of the effects of the item or *service* or the prevention of complications; and
- Items, drugs and *services* needed for reasonable and necessary care arising due to an investigational item or *service*, including the diagnosis or treatment of complications.

Routine patient care costs do not include:

- The cost of tests or measurements conducted primarily due to the clinical trial involved or items, drugs or services provided solely to satisfy data collection and analysis needs; or
- Items, drugs or *services* customarily provided by the research sponsors free of charge for any *qualified individual* enrolled in the trial.

Benefits for Cancer Clinical Trials *services* are payable under this *certificate* the same as any other *sickness*. *Covered expenses* are subject to all *certificate* requirements including but not limited to any *copayment*, *deductible*, *coinsurance out-of-pocket limits* and benefit and *certificate*

ARKANSAS RIDER

maximums.

[SIGNATURE]

[Michael B. McCallister]
[President]

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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	09/29/2009
Comments:	Please see attached		
Attachment:	AMP Certificate of Readability.pdf		
Bypassed - Item:	Application	Approved-Closed	09/29/2009
Bypass Reason:	NA		
Comments:			
Satisfied - Item:	Cover Letter	Approved-Closed	09/29/2009
Comments:	Please see attached		
Attachment:	AMP Cover letter.pdf		
Satisfied - Item:	NAIC Transmittal	Approved-Closed	09/29/2009
Comments:	Please see attached		
Attachment:	AMP Transmittal.pdf		

CERTIFICATION

RE: AR-71012-01 MAINT 8/2009

I hereby certify, to the best of my knowledge and belief, that the enclosed form(s) comply(ies) with the requirements of Arkansas Insurance Code 23-80-206.

Form Number(s)

AR-71012-01 MAINT 8/2009

Flesch Test Reading Ease Score

46.0



Signed by: _____

Steve DeRaleau
Vice President

Date: September 9, 2009

September 9, 2009

Life and Health Division
Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

**RE: HUMANA INSURANCE COMPANY
Individual Health Form Filing
Arkansas Riders: AR-71012-01 MAINT 8/2009,
NAIC #73288
FEIN #39-1263473**

Dear Sir/Madam:

We are enclosing the above-referenced form for your review and approval. This form is new and will not replace any previously filed or approved forms.

Form AR-71012-01 MAINT 8/2009 will be used with our Limited Benefit Health Plan, Form GN-71012-01 1/2008 et al, which was approved by your Department on January 8, 2009. This rider is being filed to comply with the Federal H.R. 2851, "Michelle's Law", which allows seriously ill college students, who are covered dependents under health plans, to remain covered for up to one year while on a medically necessary leave of absence. This rider also provides coverage for Cancer Clinical Trials as required by the District of Columbia, the state of the master policy situs.

The language in the rider may be incorporated into the body of the policy when issued.

If you have any questions regarding this submission, you may contact me by telephone at 1-800-289-0260 extension 2516, by fax at 920-339-7004 or by email at breed2@humana.com.

Sincerely,
HUMANA INSURANCE COMPANY

Berthena Reed
Contract Analyst

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 #
	Humana Insurance Company 1100 Employers Blvd Green Bay WI 53444	DC		119	73288	39-1263473	

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	Berthena Reed N19 24133 Riverwood Dr Ste 250 Waukesha WI 53188	800-289-0260 Ext 2516	920-339-7004	breed2@humana.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): _____
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6.	Company Tracking Number	AR-71012-01 MAINT 8/2009
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7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission	Previous file # _____
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8.	Market	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise	<input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large
		Group	<input type="checkbox"/> Employer <input checked="" type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____

9.	Type of Insurance	H16G Group Health-Major Medical
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10.	Product Coding Matrix Filing Code	H16G.001A Any Size Group-PPO
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11.	Submitted Documents	<p>FORMS</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Policy</td> <td><input type="checkbox"/> Outline of Coverage</td> <td><input type="checkbox"/> Certificate</td> </tr> <tr> <td><input type="checkbox"/> Application/Enrollment</td> <td><input checked="" type="checkbox"/> Rider/Endorsement</td> <td><input type="checkbox"/> Advertising</td> </tr> <tr> <td><input type="checkbox"/> Schedule of Benefits</td> <td><input type="checkbox"/> Other</td> <td></td> </tr> </table> <p>Rates</p> <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate	<input type="checkbox"/> Policy	<input type="checkbox"/> Outline of Coverage	<input type="checkbox"/> Certificate	<input type="checkbox"/> Application/Enrollment	<input checked="" type="checkbox"/> Rider/Endorsement	<input type="checkbox"/> Advertising	<input type="checkbox"/> Schedule of Benefits	<input type="checkbox"/> Other		
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<input type="checkbox"/> Application/Enrollment	<input checked="" type="checkbox"/> Rider/Endorsement	<input type="checkbox"/> Advertising										
<input type="checkbox"/> Schedule of Benefits	<input type="checkbox"/> Other											
		<input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____										
		<p>SUPPORTING DOCUMENTATION</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Articles of Incorporation</td> <td><input type="checkbox"/> Third Party Authorization</td> </tr> <tr> <td><input type="checkbox"/> Association Bylaws</td> <td><input type="checkbox"/> Trust Agreements</td> </tr> <tr> <td><input checked="" type="checkbox"/> Statement of Variability</td> <td><input checked="" type="checkbox"/> Certifications</td> </tr> <tr> <td><input type="checkbox"/> Actuarial Memorandum</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td></td> </tr> </table>	<input type="checkbox"/> Articles of Incorporation	<input type="checkbox"/> Third Party Authorization	<input type="checkbox"/> Association Bylaws	<input type="checkbox"/> Trust Agreements	<input checked="" type="checkbox"/> Statement of Variability	<input checked="" type="checkbox"/> Certifications	<input type="checkbox"/> Actuarial Memorandum		<input type="checkbox"/> Other	
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<input checked="" type="checkbox"/> Statement of Variability	<input checked="" type="checkbox"/> Certifications											
<input type="checkbox"/> Actuarial Memorandum												
<input type="checkbox"/> Other												

12.	Filing Submission Date	09/11/2009	
13.	Filing Fee (If required)	Amount	\$50
		Check Date	EFT
		Retalitory <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Number
14.	Date of Domiciliary Approval		
15.	Filing Description:		
	See attached cover letter		
	<div style="border: 1px solid black; padding: 5px; display: inline-block;">View Complete Filing Description</div>		

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>	
Print Name	<u>Berthena Reed</u> Title <u>Compliance Analyst</u>
Signature	<u><i>Berthena Reed</i></u> Date: <u>9-11-2009</u>

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number		AR-71012-01 MAINT 8/2009
This filing corresponds to rate filing company tracking number		

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	Arkansas Maintenance Rider	AR-71012-01 MAINT 8/2009	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
02			<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input 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 _____	

LH FFA-1

18.		Rate Filing Attachment		
This filing transmittal is part of company tracking number				
This filing corresponds to form filing company tracking number		AR-71012-01 MAINT 8/2009		
Overall percentage rate indication (when applicable)				
Overall percentage rate impact for this filing		%		
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
01			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	

LH RFA-1