

SERFF Tracking Number: AMFA-126799268 State: Arkansas
Filing Company: Ameritas Life Insurance Corp. State Tracking Number: 46861
Company Tracking Number: ALIC - 9043 REV. 09-10
TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental
Product Name: ALIC - 9043 Rev. 09-10
Project Name/Number: 9043 Rev. 09-10 /9043 Rev. 09-10

Filing at a Glance

Company: Ameritas Life Insurance Corp.

Product Name: ALIC - 9043 Rev. 09-10

TOI: H10G Group Health - Dental

Sub-TOI: H10G.000 Health - Dental

Filing Type: Form

SERFF Tr Num: AMFA-126799268 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 46861

Co Tr Num: ALIC - 9043 REV. 09-
10 State Status: Approved-Closed

Reviewers: Rosalind Minor
Authors: Janis Landon, Stephanie
Disposition Date: 10/08/2010
Mundt

Date Submitted: 09/21/2010
Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

State Filing Description:

Implementation Date:

General Information

Project Name: 9043 Rev. 09-10

Project Number: 9043 Rev. 09-10

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Group Market Type: Employer, Association,
Blanket, Trust

Explanation for Other Group Market Type:

State Status Changed: 10/08/2010

Created By: Janis Landon

Corresponding Filing Tracking Number:

Filing Status Changed: 10/08/2010

Deemer Date:

Submitted By: Janis Landon

Filing Description:

RE: AMERITAS LIFE INSURANCE CORP.

NAIC No.: 943-61301

FEIN No.: 47-0098400

Group Accident and Health Insurance Form Filing - Optional Benefit Riders

Forms: Laser Vision Correction Benefit Rider - 9043 Rev. 09-10

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Project Name/Number: 9043 Rev. 09-10 /9043 Rev. 09-10
Hearing Care Expense Benefits - 9290 Rev. 09-10

Dear Sir/Madam:

Enclosed for your review and approval are the above captioned forms. These forms were previously filed and approved, 9043 Ed. 05-07 under SERFF tracking #35108 on 2/20/07 and 9290 Ed. 03-08 under SERFF tracking # 38229 on 2/25/08, for use with our dental policy. We would like this form made available for issue with our stand alone vision policies, as well.

These forms will be used with the group dental and vision forms 9000 Rev. 03-08 and certificate 9021 Rev. 03-08, previously approved by the Department. The effective date will be upon approval, or October 15, 2010, whichever come first.

Form 9043 Ed. 05-07 provides for an optional benefit provision that can be selected by the policyholder at any time, i.e., at issue, upon renewal or during a plan year. When selected, this form will be attached to the group master policy and will be issued with each certificate of coverage.

This is an optional benefit rider that can be issued with a group dental and/or vision policy. This is a new benefit rider and can be added at any time by the policyholder. When this benefit provision is in force, the Insured Person may receive laser vision correction treatment from any provider. Benefits will be payable up to the maximum amount as defined within the rider for those procedures defined as Covered Procedures. Benefits are lifetime maximums and payable per eye. No benefit will be payable for multiple laser vision correction treatments on the same eye.

Form 9290 Ed. 03-08 provides for an optional benefit provision that can be selected by the policyholder at any time, i.e., at issue, upon renewal or during a plan year. When selected, this form will be attached to the group master policy and will be issued with each certificate of coverage. This benefit can be sold as a stand-alone benefit only when there are 200 or more lives participating.

If your state requires the inclusion of rates, the rates have been submitted.

These riders are in final print form. The items shown in brackets represent variable material. These items would vary based on the specific policy/certificate plan and information. An Optional and Variables statement is also included for your reference.

These forms, when scored with the policy and certificate, achieve a score of 50 when scored on the Flesch reading ease test. No part of this filing contains any unusual or possibly controversial items from normal company and industry standards.

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Thank you for your review of this filing. If you need anything additional, please feel free to contact me at 800-745-1112, ext. 82444, FAX 402-309-2375 or email jlandon@ameritas.com.

Sincerely,

Janis Landon
 Senior Contract Analyst

Company and Contact

Filing Contact Information

Janis Landon, Senior Contract Analyst
 475 Fallbrook Blvd.
 Lincoln, NE 68521

jlandon@ameritas.com
 800-745-1112 [Phone] 82444 [Ext]
 402-309-2573 [FAX]

Filing Company Information

Ameritas Life Insurance Corp.
 5900 O Street
 P O Box 81889
 Lincoln, NE 68501-1889
 (800) 756-1112 ext. [Phone]

CoCode: 61301
 Group Code: 943
 Group Name:
 FEIN Number: 47-0098400

State of Domicile: Nebraska
 Company Type:
 State ID Number:

Filing Fees

Fee Required? Yes
 Fee Amount: \$40.00
 Retaliatory? No
 Fee Explanation: \$20 per form x 2 forms = \$40
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Ameritas Life Insurance Corp.	\$40.00	09/21/2010	39712179
Ameritas Life Insurance Corp.	\$60.00	10/06/2010	40343391

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	10/08/2010	10/08/2010

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	10/06/2010	10/06/2010	Janis Landon	10/06/2010	10/06/2010

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Disposition

Disposition Date: 10/08/2010

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	No
Supporting Document	Application	Approved-Closed	No
Form	Laser Vision Correction Benefit Rider	Approved-Closed	No
Form	Hearing Care Expense Benefits	Approved-Closed	No

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 10/06/2010
Submitted Date 10/06/2010
Respond By Date

Dear Janis Landon,

This will acknowledge receipt of the captioned filing.

Objection 1

- Laser Vision Correction Benefit Rider , 9043 Rev. 09-10 (Form)
- Hearing Care Expense Benefits, 9290 Rev. 09-10 (Form)

Comment:

Our filing fees under Rule and Regulation 57 have been updated. Please review the General Instructions for ArkansasLH or Rule and Regulation 57.

The fee for this submission is \$50.00 per form for a total of \$100.00. Please submit an additional \$60.00 for this submission.

We will begin our review of this submission upon receipt of the additional filing fee.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

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Response Letter

Response Letter Status Submitted to State
Response Letter Date 10/06/2010
Submitted Date 10/06/2010

Dear Rosalind Minor,

Comments:

Response 1

Comments: The additional fees have been submitted.

Related Objection 1

Applies To:

- Laser Vision Correction Benefit Rider , 9043 Rev. 09-10 (Form)
- Hearing Care Expense Benefits, 9290 Rev. 09-10 (Form)

Comment:

Our filing fees under Rule and Regulation 57 have been updated. Please review the General Instructions for ArkansasLH or Rule and Regulation 57.

The fee for this submission is \$50.00 per form for a total of \$100.00. Please submit an additional \$60.00 for this submission.

We will begin our review of this submission upon receipt of the additional filing fee.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,

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Janis Landon, Stephanie Mundt

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Form Schedule

Lead Form Number: 9043 Rev. 09-10

Schedule Item	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 10/08/2010	9043 Rev. 09-10	Policy/Cont Laser Vision ract/Fratern Correction Benefit al Rider Certificate	Revised	Replaced Form #: 9043 Ed. 05-07 Previous Filing #: 35108	50.000	9043 Rev. 09-10-ALIC.pdf
Approved-Closed 10/08/2010	9290 Rev. 09-10	Policy/Cont Hearing Care ract/Fratern Expense Benefits al Certificate	Revised	Replaced Form #: 9290 Ed. 03-08 Previous Filing #: 38229	50.000	9290 Rev. 09-10.pdf

Ameritas Life Insurance Corp.
Laser Vision Correction Benefit Rider

This Laser Vision Correction Benefit Rider is attached to and made a part of Group Policy Number [010-999999] issued to [ABC Company] and each Certificate of Insurance issued under such Policy. It is hereby agreed that the Policy and each Certificate issued thereunder has been amended to provide benefits for the Covered Procedures as described below.

If an Insured undergoes or receives a Covered Procedure rendered by a Provider, we will pay benefits as stated below. The Insured has the freedom of choice to receive laser vision correction treatment from any Provider.

Benefit Amount Payable For Covered Procedures Per Insured Person (Lifetime Maximum Benefit per Eye):

For Covered Procedures, we will pay the lesser of the Provider's actual charge or the following benefit amount that corresponds to the Benefit Period in which the Covered Procedure was performed:

1 st Benefit Period	2 nd Benefit Period	3 rd Benefit Period	4 th + Benefit Period
[0, \$100, \$250 per eye]	[\$100, \$200, \$250, \$500 per eye]	[\$250, \$300, \$500, \$750 per eye]	[\$500, \$750 per eye]

Exclusions and Limitations

- [No benefit will be payable in the first [12, 24] months the person is covered under this contract. After this [12, 24] month waiting period, the Maximum Amount Payable per Insured Person will begin at the 1st Benefit Period as shown in the above schedule.]
- No benefit will be payable for any HCPCS Level II codes not listed below in the definition of Covered Procedures.
- [No benefit will be payable for any Insured under the age of [18, 19, 20, 21].]
- [No benefit will be payable in the first [6, 12] months that a person is insured if the person is a Late Entrant. After this [6, 12] month waiting period, the Maximum Amount Payable per Insured Person will begin at the 1st Benefit Period as shown in the above schedule.]
- Each Insured Person is eligible for only one Covered Procedure benefit payment per eye. No benefit will be payable for multiple laser vision correction treatments on the same eye.

Definitions

Covered Procedures means only the following HCPCS Level II codes:

S0800: Laser in Situ Keratomileusis (LASIK). This would encompass standard LASIK, Custom LASIK, LASIK with Wavefront Technology, CustomVue LASIK, and LASIK with IntraLase technology.

S0810: Photorefractive Keratectomy (PRK)

Benefit Period. Your benefits are based on a [Calendar] [Policy] Year. A [Calendar] [Policy] Year runs from [date] through [date]. Benefit Period means the period from [date] of any year through [date] of the same year. But during the first year a person is insured, a Benefit Period means the period from his or her effective date through [date] of that year.

Provider. For the purposes of this benefit rider, a Provider refers to any person who is properly licensed under the laws of the state in which treatment is provided within the scope of the license.

This provision is effective on ***Effective Date***

Ameritas Life Insurance Corp.



[JoAnn M. Martin]
President

HEARING CARE EXPENSE BENEFITS

If an Insured under this section incurs Covered Expenses, we will consider benefits as stated below.

AMOUNT PAYABLE. The Amount Payable for Covered Expenses shall be the lesser of:

- a. the actual charge for services or supplies furnished; or
- b. the Maximum Covered Expense for such services or supplies shown in the Schedule of Hearing Care Services, adjusted as described below in Covered Expenses.

DEDUCTIBLE AMOUNT. The Deductible Amount, if applicable, shown in the Schedule of Benefits is an amount of Covered Expenses for which no benefits are payable. It applies separately to the Covered Expenses incurred by each Insured. Benefits will be paid only for those Covered Expenses that are over the deductible amount.

COVERED EXPENSES. Covered Expenses means the expenses incurred by an Insured for the procedures shown in the Schedule of Hearing Care Services up to the Maximum Covered Expense shown for each procedure, reduced by any applicable Deductible Amount. This amount is then multiplied by the Coinsurance Percentage, with the resulting amount being the Covered Expense, provided that in no event will the Covered Expense exceed the Maximum Amount as shown in the Schedule of Benefits. Incurred expenses will be considered Covered Expenses only to the extent that they are incurred for procedures provided by a physician, audiologist, or other hearing health care professional acting within the scope of his or her license. These expenses are subject to the "Limitations" listed below.

[Benefit Period means the period from [January 1] of any year through [December 31] of the same year. But during the first year a person is insured, a benefit period means the period from his or her effective date through [December 31] of that year.]

EXPENSES INCURRED. An expense is incurred at the time a service is rendered or a supply is furnished. When it pertains to a Hearing Aid an expense is incurred on the date the Hearing Aid is placed. Benefits for Covered Expenses of Hearing Aids will be paid on the latter of the date the Hearing Aid Purchase Agreement is signed or [45] days from the placement of the hearing aid. No benefits are payable for a Hearing Aid returned for a refund.

The Coordination of Benefit Provision, if any, in the Policy/Certificate does not apply to this Section. This plan is not intended to replace mandatory worksite programs designed to satisfy OSHA hearing conservation programs.

[LIMITATIONS: Covered Expenses will not include and no benefits will be payable for expenses incurred for:

1. examinations performed or supplies furnished before the Insured was covered under this section.
2. any examination performed or supply furnished after the Insured's coverage under this section ceases.

3. any hearing examination or supply required by an employer as a condition of employment, including but not limited to, any mandatory worksite programs designed to satisfy OSHA hearing conservation programs.
4. replacement of hearing aids except once every [5] years from the date of placement of the hearing aid.
[This replacement interval is waived and 50% of the Covered Expense that would be otherwise payable will be considered if all of the following conditions are met:
 - a. the Insured person is diagnosed with a significant deterioration of hearing since placement of the previous hearing aid, and
 - b. a statement from the Provider is furnished indicating that the hearing aid being replaced cannot be modified to correct the loss, and
 - c. at least [3] years has passed since placement of the previous hearing aid.]
5. medical or surgical treatment of any part of the ear, including but not limited to, cochlear implants, or tubes in the ears.
6. hearing care services or supplies in the first [12] months that a person is insured if the person is a Late Entrant, except hearing examinations. After this [12] month period, the Maximum Amount Payable per Insured Person will begin at the 1st 12 Month Period as shown in the Schedule of Benefits.
7. which the Insured person is entitled to benefits under any workers' compensation or similar law, or charges for services or supplies received as a result of any hearing loss caused or contributed to by an injury or sickness arising out of or in the course of any employment for wage or profit, including an occupational hearing loss.
8. charges for which the Insured person is not liable or which would not have been made had no insurance been in force.
9. any procedure not shown in the Schedule of Hearing Care Services.
10. any treatment which is for cosmetic purposes.
11. assistive hearing devices not listed in the Schedule of Hearing Care Services, such as phone amplification, cellular phone amplifier, hearing aid dehumidifier, loop system, etc.
12. charges for services not provided by a licensed provider, such as an audiologist, hearing aid specialist, otolaryngologist (ENT) or otologist (ear doctor), within the scope of that license.
13. services or supplies which are not related to a conductive or sensorineural hearing loss, such as any nonorganic hearing loss or occupational hearing loss.
14. charges for a hearing screening performed as a part of or in the course of any non-hearing routine examination.
15. a hearing aid dispensed without the direction and supervision of a provider licensed to perform hearing aid examinations and/or hearing aid dispensing.

16. because of war or any act of war, declared or not.
17. removal of foreign bodies or ear wax from the ear or any part of the ear.]

SCHEDULE OF HEARING CARE SERVICES

The following is a complete list of hearing care services for benefits payable under this section. No benefits are payable for a service not listed.

SERVICE	MAXIMUM COVERED EXPENSE
<p>[COMPREHENSIVE HEARING EXAMINATION May consist of the following: case history; external examination of the ear, otoscopy, audiometric testing, audiogram, otoacoustic emissions (OAEs) testing, pure tone audiometry, speech audiometry, mobility of ear drum (tympanometry), and measurement of pressure in the middle ear.]</p>	Up to \$[75] per Benefit Period
<p>[HEARING AIDS A hearing device for the treatment of a defined, measurable hearing loss as prescribed by a licensed provider within the scope of that license.</p>	See Hearing Aid Maximum Amount on the Schedule of Benefits]
<p>[HEARING AID MAINTENANCE Including but not limited to, batteries, replacement tubing, repair of hearing aid, hearing aid fittings, and maintenance contracts for hearing aids, etc.]</p>	Up to \$[40] per Benefit Period
<p>[HEARING MISCELLANEOUS [Coverage for treatment of tinnitus.] [Assistive hearing devices such as phone amplification, cellular phone amplifier, hearing aid dehumidifier, or loop system etc.]</p>	Up to \$[100]] [per Benefit Period]

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<i>Product Name:</i>	<i>ALIC - 9043 Rev. 09-10</i>		
<i>Project Name/Number:</i>	<i>9043 Rev. 09-10 /9043 Rev. 09-10</i>		

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	10/08/2010
Comments:			
Attachment:			
ar-readability-alic.pdf			

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	10/08/2010
Bypass Reason:	n/a		
Comments:			

STATE OF ARKANSAS
CERTIFICATE OF READABILITY

INSURER:

This is to certify that the attached form(s) has achieved a Flesch Reading Ease Score of:

FORM NO:

FLESCH SCORE:

FORM NAME:

<u>FORM NO:</u>	<u>FLESCH SCORE:</u>	<u>FORM NAME:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

complies with the requirements of Ark. Stat. Ann. Sections 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

SIGNATURE: _____

TYPED NAME:

TITLE:

DATE: _____