

SERFF Tracking Number: GARD-126818014 State: Arkansas
Filing Company: The Guardian Life Insurance Company of America State Tracking Number: 46808
Company Tracking Number:
TOI: H06 Health - Conversion Sub-TOI: H06.000 Health - Conversion
Product Name: 9010-IHC
Project Name/Number: /9010-IHC

Filing at a Glance

Company: The Guardian Life Insurance Company of America

Product Name: 9010-IHC

SERFF Tr Num: GARD-126818014 State: Arkansas

TOI: H06 Health - Conversion

SERFF Status: Closed-Approved- Closed State Tr Num: 46808

Sub-TOI: H06.000 Health - Conversion

Co Tr Num:

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Rosalind Minor

Authors: Victoria Arama, Marilyn Young

Disposition Date: 10/28/2010

Date Submitted: 09/16/2010

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile:

Project Number: 9010-IHC

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 10/28/2010

Explanation for Other Group Market Type:

State Status Changed: 10/28/2010

Deemer Date:

Created By: Marilyn Young

Submitted By: Marilyn Young

Corresponding Filing Tracking Number:

PPACA: Non-Grandfathered Immed Mkt Reforms, Grandfathered Immed Mkt Reforms

Filing Description:

Re: Individual Accident and Health Policy Form(s) HC-R-PPACA-10.

NAIC # 64246

Dear Sir:

SERFF Tracking Number: GARD-126818014 State: Arkansas
Filing Company: The Guardian Life Insurance Company of State Tracking Number: 46808
America
Company Tracking Number:
TOI: H06 Health - Conversion Sub-TOI: H06.000 Health - Conversion
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The captioned form is being submitted for filing and/or approval by your Department. The form will be used with our individual policy insert form HC-P-85 et al, currently on file with your Department.

Amendment Form HC-R-PPACA-10 is new and does not replace any other form. This form has been prepared to bring out plans into compliance with the requirements of the Patient Protection and Affordable Care Act (PPACA). This amendment includes the requirements for grandfathered plans and non-grandfathered plans. We assure you that this filing includes only the form intended for compliance with PPACA. This form is approved in New York, our domicile on July 21, 2010.

The new form was approved by our domiciliary state, New York, on July 21, 2010.

The form in this submission were developed using simplified language. Each form has a Flesch reading ease test score of at least 40. The forms were computer-scored. The certification of readability scores required by your jurisdiction is attached.

Your early consideration of this submission will be greatly appreciated.

Sincerely,

Marilyn Young
Contract Coordinator
Group Contracts and Regulatory Affairs
Ph:(212) 598-8762
Fax:(212) 919-3339
E-mail: Marilyn_Young@glic.com

Company and Contact

Filing Contact Information

Marilyn Young, Contract Analyst
7 Hanover Square
19 H
New York, NY 10004

Marilyn_Young@glic.com
212-598-8762 [Phone]
212-919-3339 [FAX]

Filing Company Information

The Guardian Life Insurance Company of

CoCode: 64246

State of Domicile: New York

SERFF Tracking Number: GARD-126818014 State: Arkansas
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 Product Name: 9010-IHC
 Project Name/Number: /9010-IHC
 America
 7 Hanover Square Group Code: 429 Company Type: Life
 New York, NY 10004 Group Name: State ID Number:
 (212) 598-8704 ext. [Phone] FEIN Number: 13-5123390

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Guardian Life Insurance Company of America	\$50.00	09/16/2010	39563151

SERFF Tracking Number: GARD-126818014 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	10/28/2010	10/28/2010
Approved-Closed	Rosalind Minor	09/27/2010	09/27/2010

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	09/27/2010	09/27/2010	Victoria Arama	10/25/2010	10/25/2010

SERFF Tracking Number: GARD-126818014

State: Arkansas

Filing Company: The Guardian Life Insurance Company of
America

State Tracking Number: 46808

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Product Name: 9010-IHC

Project Name/Number: /9010-IHC

Disposition

Disposition Date: 10/28/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: GARD-126818014 State: Arkansas

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Product Name: 9010-IHC

Project Name/Number: /9010-IHC

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document (revised)	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Health - Actuarial Justification	Replaced	No
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Form	Policy Rider	Approved-Closed	Yes

SERFF Tracking Number: GARD-126818014

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Disposition

Disposition Date: 09/27/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: GARD-126818014 State: Arkansas

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Supporting Document (revised)	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Health - Actuarial Justification	Replaced	No
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Form	Policy Rider	Approved-Closed	Yes

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Product Name: 9010-IHC
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Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 09/27/2010

Submitted Date 09/27/2010

Respond By Date

Dear Marilyn Young,

This will acknowledge receipt of the captioned filing.

Objection 1

- Health - Actuarial Justification (Supporting Document)

Comment:

I re-opened this submission because I approved this filing prematurely.

Before final review is given to the submission, please provide actuarial justification for rate impact of the benefit for the extension of dependent child coverage to age 26. The actuarial memor states that the new benefits is an 11.2% load to the child rate. Please justify.

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 10/25/2010
Submitted Date 10/25/2010

Dear Rosalind Minor,

Comments:

Response 1

Comments: See resp. letter - Act. attached to Health-Actuarial Justification supporting doc. below.

Related Objection 1

Applies To:

- Health - Actuarial Justification (Supporting Document)

Comment:

I re-opened this submission because I approved this filing prematurely.

Before final review is given to the submission, please provide actuarial justification for rate impact of the benefit for the extension of dependent child coverage to age 26. The actuarial memor states that the new benefits is an 11.2% load to the child rate. Please justify.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Health - Actuarial Justification

Comment: See resp. letter

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,

Marilyn Young, Victoria Arama

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 America
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Form Schedule

Lead Form Number: HC-R-PPACA-10

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 09/27/2010	HC-R-PPACA-10	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Policy Rider	Initial			HC-R-PPACA-10 [version 8.9.2010].pdf

POLICY RIDER

This rider amends the Group Converted Major Medical Expense Policy, and any applicable Prescription Drug Insurance provisions, hereinafter referred to as “health benefits”, to comply with Public Law 111-148, the Patient Protection and Affordable Care Act (PPACA), and any rules instituted by the Department of Health and Human Services, the Department of Labor, or the Internal Revenue Code, as follows:

The following provisions apply, unless the Policy provides provisions which are more favorable to the insured:

- A. With respect to: (a) Policies effective prior to March 24, 2010, hereinafter referred to as Grandfathered Policies; and (b) Policies effective on or after March 24, 2010 but prior to September 23, 2010; the following provisions of the rider are effective on the first policy anniversary on or after September 23, 2010.

With respect to Policies effective on or after September 23, 2010; the following provisions of the rider are effective on the effective date of the Policy.

1. Lifetime dollar benefit limits; and the maximum dollar benefit limit for each sickness or injury in a benefit period, whichever is applicable under the Policy do not apply to essential benefits. Essential benefits are defined in accord with each of the categories described in subparagraphs (A) through (J), inclusive of Section 1302(b) of PPACA. Such benefits include but are not limited to benefits for the following: Covered charges for hospital confinement; surgery; physician charges; emergency care; maternity care; X-ray and laboratory tests; occupational, speech and physical therapy; and prescription drugs. Dollar benefit limits will continue to apply to benefits for covered charges that are not essential benefits under Section 1302(b) to the extent that such limits are otherwise permitted under Federal or State law. And (i) any benefit year limits under the plan will continue to apply to the extent that such limits are otherwise permitted under Section 2711 of PPACA; and (ii) charges not otherwise provided in the plan will not be covered.
2. The “Covered Persons” provisions are changed so that a dependent child means your child under age 26. But your dependent child who is no longer eligible for coverage under the Policy due to the Policy’s prior dependent age limitations, may be eligible to enroll for group health benefits under the Policy subject to all the terms and conditions below. To be eligible for the group health benefits under the Policy, such child (i) must be less than 26 years of age; and (ii) must make a written election for such coverage as a dependent:
 - (a) During the special open enrollment period which starts 30 days prior to the Policy’s first Policy Anniversary on or after September 23, 2010, if he or she enrolls during this special open enrollment period his or her coverage is scheduled to start on the Policy Anniversary Date.
 - (b) After the open enrollment period, he or she can enroll in accordance with the provisions of the Policy.

To the extent the policy provides coverage with respect to a dependent child age 26 or more such provisions will continue to apply.

3. The "Time Limits on Certain Defenses" provision is modified to provide that no statements contained in your application may be used to rescind coverage, except for fraud or intentional misrepresentation.

- B. With respect to Policies effective on or after March 24, 2010 but prior to September 23, 2010, the following provisions of the rider are effective on the first policy anniversary on or after September 23, 2010.

With respect to Policies effective on or after September 23, 2010; the rider is effective on the effective date of the Policy.

1. The following provisions apply in addition to any preventive care or screenings provided in the Policy:

Charges for the following Preventive Care services: (a) physical exams and related lab tests, screening services for: (i) bone mass measurement; (ii) colorectal screening; (iii) mammograms; (iv) Pap tests; (v) pelvic and prostate exams; and (vi) Prostate Specific Antigen (PSA) tests; and any other evidence-based items or services that have in effect a rating of 'A' or 'B' in the current recommendations of the most current United States Preventive Services Task Force; (b) immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention, with respect to the covered person involved; (c) evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration for each covered dependent child who is under age 19; and (d) with respect to women, such additional preventive care and screenings not described in (a) above, as provided for in comprehensive guidelines supported by the most current Health Resources and Services Administration for purposes of this paragraph.

In the event the plan utilizes the services of preferred providers, Preventive Care Services are not subject to any deductible; copayments or coinsurance required under the Policy when such services are rendered by a preferred provider.

Any exclusion of preventive care services, as described above, that appears in the Policy is hereby deleted.

2. In the event the plan utilizes the services of preferred providers: (i) emergency care coverage does not require prior-authorization; and (ii) emergency care will be paid such that non-network providers will not be subject to more restrictive coverage limits than a network provider.
3. Pre-existing conditions limitations, if included in the Policy, will not apply to a covered person under the age of 19.

4. The Policy is modified to add the following Appeals procedures to the extent that the Policy does not provide an Appeals process. With respect to External Appeals procedures any statutory procedures set forth in the Policy will be followed, or in the absence of such statutory procedures, such procedures required by the Section 2719 of Public law 111-149 will be followed:

Appeal of Adverse Benefit Determinations

If your is wholly or partially denied, you will have up to 180 days to make an appeal.

Guardian will conduct a full and fair review of an appeal which includes providing you the following:

- Notice of appeals processes, and the availability of any applicable office of health insurance consumer assistance or ombudsman established under Section 2793 of Public law 111-149;
- the opportunity to submit written comments, documents, records and other information relating to the claim;
- the opportunity, upon request and free of charge, for reasonable access to, and copies of, all documents, records and other information relating to the claim;
- a review that takes into account all comments, documents, records and other information submitted by the claimant relating to the claim, without regard to whether such information was submitted or considered in the initial benefit determination; and
- continued coverage pending the outcome of the appeals process.

In reviewing an appeal, Guardian will

- provide for a review conducted by a named fiduciary who is neither the person who made the initial adverse determination nor that person's subordinate;
- in deciding an appeal based upon a medical judgment, consult with a health care professional who has appropriate training and experience in the field of medicine involved in the medical judgment;
- identify medical or vocational experts whose advice was obtained in connection with an adverse benefit determination; and
- ensure that a health care professional engaged for consultation regarding an appeal based upon a medical judgment shall be neither the person who was consulted in connection with the adverse benefit determination, nor that person's subordinate.

Guardian will notify you of its decision not later than 45 days after receipt of the request for review of the adverse determination. This period may be extended by an additional period of up to 45 days if Guardian determines that special circumstances require an extension of the time period for processing and so notifies you before the end of the initial 45-day period.

A notification with respect to an extension will indicate the special circumstances requiring an extension of the time period for review, and the date by which the final determination will be made.

- C. With respect to policies effective on or after January 1, 2014; and for all other policies, other than Grandfathered Policies, as of the policy anniversary on or after January 1, 2014, any “restricted” benefit year dollar limits under the plan for essential benefits are hereby deleted. Benefit year dollar limits for benefits that not essential benefits will continue to apply. “Restricted” benefit year dollar limits as determined by the Department of Health and Human Services.
- D. With respect to policies effective on or after January 1, 2014; and for all other policies as of the policy anniversary on or after January 1, 2014, the pre-existing condition limitations, if included in the Policy, is hereby deleted.
- E. The following is added with respect to Grandfathered Policies:

Guardian believes your Policy is a “Grandfathered Policy” under the Patient Protection and Affordable Care Act (PPACA). Under PPACA a Grandfathered Policy can preserve certain basic health coverage that was already in effect when PPACA was enacted. Being a Grandfathered Policy means that your health benefit policy may not include certain PPACA consumer protections that apply to other health benefit policies. For example, your health benefit plan may not include benefits for preventive health services; and may not include benefits for such services payable with first dollar coverage when received from a preferred provider. However, Grandfathered Policies must comply with certain other PPACA consumer protections; for example, the elimination of lifetime dollar limits on essential health benefits.

Questions regarding which protections apply and which protections do not apply to a Grandfathered Policy and what might cause a policy to change from grandfathered status can be directed to Guardian at the phone number listed on your ID card. You may also contact the U.S. Department of Health and Human Services at www.dol.gov/ebsa/healthreform.

In the event there is a conflict between the Policy and Public Law 111-148, (PPACA), the terms of Public Law 111-148 will govern.

This rider is part of this Policy. Except as stated in this rider, nothing contained in this rider changes or affects any other terms of this Policy.

The Guardian Life Insurance Company of
America

A handwritten signature in black ink, appearing to read "D. J. Ma".

Vice President, Risk Management & Chief Actuary,
Group Insurance

SERFF Tracking Number: GARD-126818014 State: Arkansas
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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	09/27/2010
Comments:			
Attachment:			
	Cert. of Read IHC .pdf		

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	09/27/2010
Bypass Reason:	N/A		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Outline of Coverage	Approved-Closed	09/27/2010
Bypass Reason:	N/A		
Comments:			

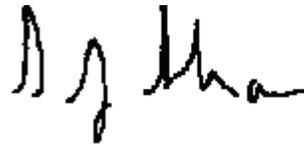
		Item Status:	Status Date:
Satisfied - Item:	PPACA Uniform Compliance Summary	Approved-Closed	09/27/2010
Comments:			
Attachment:			
	Individual PPACA-UniformComplianceSummary.pdf		

CERTIFICATION OF READABILITY

Form number(s): HC-R-PPACA-10

The undersigned individuals have carefully reviewed, and know the contents of, the filing submitted herewith, and except as qualified, do hereby certify the following:

1. The said form(s) meet the minimum reading ease requirements of your jurisdiction.
2. The captioned form(s) have a Flesch reading ease test score of at least 40 with no exemptions.
3. The said form(s) are printed in 10-point or larger type.



(Signature of Officer)



Date: 9/16/10

Group Contracts

PPACA Uniform Compliance Summary

Please select the appropriate check box below to indicate which product is amended by this filing.

INDIVIDUAL HEALTH BENEFIT PLANS (Complete [SECTION A](#) only)

SMALL / LARGE GROUP HEALTH BENEFIT PLANS (Complete [SECTION B](#) only)

This form filing compliance summary is to be submitted with your [endorsement][contract] to comply with the immediate market reform requirements of the Patient Protection and Affordable Care Act (PPACA). These PPACA requirements apply only to policies for health insurance coverage referred to as “major medical” in the statute, which is comprehensive health coverage that includes PPO and HMO coverage. This form includes the requirements for grandfathered (coverage in effect prior to March 23, 2010) and non-grandfathered plans, and relevant statutes. Refer to the relevant statute to ensure compliance. Complete each item to confirm that diligent consideration has been given to each. *(If submitting your filings electronically, bookmark the provision(s) in the form(s) that satisfy the requirement and identify the page/paragraph on this form.)*

***For all filings, include the Type of Insurance (TOI) in the first column.**

Check box if this is a paper filing.

COMPANY INFORMATION

Company Name	NAIC Number	SERFF Tracking Number(s) *if applicable	Form Number(s) of Policy being endorsed	Rate Impact
				<input type="checkbox"/> Yes <input type="checkbox"/> No

PPACA Uniform Compliance Summary

SECTION A – Individual Health Benefit Plans

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	Eliminate Pre-existing Condition Exclusions for Enrollees Under Age 19	<i>[Sections 2704 and 1255 of the PHSA/Section 1201 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Eliminate Annual Dollar Limits on Essential Benefits Except allows for “restricted” annual dollar limits for essential benefits for plan years prior to January 1, 2014.	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Eliminate Lifetime Dollar Limits on Essential Benefits	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Prohibit Rescissions – Except for fraud or intentional misrepresentation of material fact.	<i>[Section 2712 of the PHSA/Section 1001 of PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			

PPACA Uniform Compliance Summary

SECTION A – Individual Health Benefit Plans

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	<p>Preventive Services – Requires coverage and prohibits the imposition of cost-sharing for specified preventative services.</p> <p>Explanation:</p> <p>Page Number:</p>	<i>[Section 2713 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	<p>Extends Dependent Coverage for Children Until age 26 – If a policy offers dependent coverage, it must include dependent coverage until age 26.</p> <p>Explanation:</p> <p>Page Number:</p>	<i>[Section 2714 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	<p>Appeals Process – Requires establishment of an internal claims appeal process and external review process.</p> <p>Explanation:</p> <p>Page Number:</p>	<i>[Section 2719 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	<p>Emergency Services – Requires plans that cover emergency services to provide such coverage without the need for prior authorization, regardless of the participating status of the provider, and at the in-network cost-sharing level.</p> <p>Explanation:</p> <p>Page Number:</p>	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.

PPACA Uniform Compliance Summary

SECTION A – Individual Health Benefit Plans

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	<p>Access to Pediatricians – Mandates that if designation of a PCP for a child is required, the person be permitted to designate a physician who specialized in pediatrics as the child’s PCP if the provider is in-network.</p> <p>Explanation:</p> <p>Page Number:</p>	<p><i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i></p>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	<p>Access to OB/GYNs – Prohibits authorization or referral requirements for obstetrical or gynecological care provided by in-network providers who specialize in obstetrics or gynecology.</p> <p>Explanation:</p> <p>Page Number:</p>	<p><i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i></p>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.

PPACA Uniform Compliance Summary

SECTION B – Group Health Benefit Plans (Small and Large)

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	Eliminate Pre-existing Condition Exclusions for Enrollees Under Age 19	<i>[Sections 2704 of the PHSA/Section 1201 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Eliminate Annual Dollar Limits on Essential Benefits – Except allows for “restricted” annual dollar limits for essential benefits for plan years prior to January 1, 2014.	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Eliminate Lifetime Dollar Limits on Essential Benefits	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Prohibit Rescissions – Except for fraud or intentional misrepresentation of material fact.	<i>[Section 2712 of the PHSA/Section 1001 of PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			

PPACA Uniform Compliance Summary

SECTION B – Group Health Benefit Plans (Small and Large)

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	Preventive Services – Requires coverage and prohibits the imposition of cost-sharing for specified preventative services	<i>[Section 2713 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Extends Dependent Coverage for Children Until age 26 – If a policy offers dependent coverage, it must include dependent coverage until age 26. ◇	<i>[Section 2714 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes [◇] <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Appeals Process – Requires establishment of an internal claims appeal process and external review process.	<i>[Section 2719 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			

◇ For plan years beginning before January 1, 2010, grandfathered group plans are not required to extend coverage to a child until the age of 26 if such child is eligible to enroll in another employee-sponsored plan

PPACA Uniform Compliance Summary

SECTION B – Group Health Benefit Plans (Small and Large)

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	<p>Emergency Services – Requires plans that cover emergency services to provide such coverage without the need for prior authorization, regardless of the participating status of the provider, and at the in-network cost-sharing level.</p> <p>Explanation:</p> <p>Page Number:</p>	<p><i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i></p>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	<p>Access to Pediatricians – Mandates that if designation of a PCP for a child is required, the person be permitted to designate a physician who specialized in pediatrics as the child’s PCP if the provider is in-network.</p> <p>Explanation:</p> <p>Page Number:</p>	<p><i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i></p>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	<p>Access to OB/GYNs – Prohibits authorization or referral requirements for obstetrical or gynecological care provided by in-network providers who specialize in obstetrics or gynecology.</p> <p>Explanation:</p> <p>Page Number:</p>	<p><i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i></p>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.