

SERFF Tracking Number: GDPR-126819621 State: Arkansas  
Filing Company: The Prudential Insurance Co. of America State Tracking Number: 46849  
Company Tracking Number: AR PPACA  
TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005C Individual - Other  
Product Name: Individual Health Major Medical Expense Insurance  
Project Name/Number: AR PPACA/AR PPACA

## Filing at a Glance

Company: The Prudential Insurance Co. of America

Product Name: Individual Health Major Medical SERFF Tr Num: GDPR-126819621 State: Arkansas

Expense Insurance

TOI: H16I Individual Health - Major Medical SERFF Status: Closed-Approved- State Tr Num: 46849  
Closed

Sub-TOI: H16I.005C Individual - Other

Co Tr Num: AR PPACA

State Status: Approved-Closed

Filing Type: Form

Author: Laura Quinn

Reviewer(s): Rosalind Minor

Date Submitted: 09/20/2010

Disposition Date: 10/06/2010

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: AR PPACA

Project Number: AR PPACA

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 10/06/2010

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 10/06/2010

Created By: Laura Quinn

Corresponding Filing Tracking Number: AR  
PPACA

Deemer Date:

Submitted By: Laura Quinn

PPACA: Grandfathered Immed Mkt Reforms

Filing Description:

Patient Protection and Affordable Care Act

The Prudential Insurance Company of America

H16I Individual Health – Major Medical - H16I.005C Individual – Other

Endorsement Forms: PPACA 2711 (Amendment to Lifetime Limits) and PPACA 2714 (Amendment to Dependent Coverage)

SERFF Tracking Number: GDPR-126819621 State: Arkansas  
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TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005C Individual - Other  
Product Name: Individual Health Major Medical Expense Insurance  
Project Name/Number: AR PPACA/AR PPACA

Dear Madame or Sir:

On behalf of the Prudential Insurance Company of America, we are submitting endorsement forms PPACA 2711 and PPACA 2714 in order to bring Prudential's individual health grandfathered policies (policies effective prior to March 23, 2010) into compliance with the applicable reforms mandated by the Federal Patient Protection and Affordable Care Act, as enacted by Public Law 111-148 ("the Act"). The endorsements are new forms and have not been filed previously. The forms have also been filed in Prudential's Domicile, New Jersey, and are under review.

Please be advised that the policies being amended by these endorsements represent a closed block of business. Prudential exited the individual health market in the 1990s and no longer sells individual health insurance.

Pursuant to section 2711 of the Act, endorsement form PPACA 2711 will remove the lifetime limits that apply to essential health benefits as defined in section 1302(b) of the Act and any applicable federal regulations. Prudential will use this endorsement with the following individual health grandfathered policies that provide major medical coverage and have lifetime limits: CHIP 34500, SA CMN-79, SA CMN-89, Pru-Med-83, and SA XH-65. PPACA 2711 will not be used with policy forms that do not have lifetime limits.

Pursuant to Section 2714 of the Act, endorsement form PPACA 2714 will provide coverage for dependent children until at least age 26. Prudential will use this endorsement with the following individual health grandfathered policies that provide major medical coverage for individuals and their families: CHIP 34500, SA CMN-79, SA CMN-89, SA M-956, SA MM-65, Pru-Med-83, SA V-63, and SA XH-65.

In addition, Prudential will use endorsement form PPACA 2714 with the following individual health forms that provide hospital surgical coverage for individuals and their families: SA BH-65, SA CC-63, SA CC-65, SA CCK-65, SA CCL-65, SA CCL-79, SA CCP-79A, SA CF-160, SA CS-757, SA DH-65, SA F-63, SA G-956, SA HS-154, SA HS-252, SA MBA-63, SA MBA-65, SA OHF-252, SA OHS-154, SA OHS-252, SA S-956, SA T-63, and SA Y-63. The endorsement is being submitted for these policies because Prudential has decided to apply the Act to all of its policies that went into effect prior to March 23, 2010.

Section 2712 (prohibition on rescissions) of the Act is not applicable to Prudential's policies because, as stated above, Prudential no longer sells any type of individual health insurance. In addition, no underwriting takes place when a policyholder adds a new dependent to his or her policy. Therefore, Prudential's policies would not rescind coverage for a new dependent or any other covered person.

Endorsement PPACA 2711 achieves a Flesch reading ease score of 0.0 and endorsement PPACA 2714 achieves a Flesch reading ease score of 25.2. The scores are lower than minimum score required; however, we request approval of these endorsements, notwithstanding their low reading ease scores, because the scores are wholly caused by policy language that has been drafted to conform to the requirements of a federal mandated benefit law. In addition, the forms

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contain contract terminology which cannot be excluded from the text. We have attached Certificates of Readability to the Supporting Document tab.

There will be no premium changes effective with these endorsements. Prudential, however, will continue to monitor the experience for possible future adjustments in rates.

Prudential has no plans to market the coverage provided by these endorsements. As stated above, Prudential no longer participates in the health insurance market.

Prudential has authorized us to make this filing on its behalf, as set forth in the enclosed Letter of Authorization. Should you require additional information for the completion of this filing, please let us know.

Yours truly,

Laura E. Quinn  
Senior Paralegal

Telephone: 800-341-9867  
Email: lquinn@goodwinprocter.com

## Company and Contact

### Filing Contact Information

Laura Quinn, Senior Paralegal lquinn@goodwinprocter.com  
Goodwin Procter LLP 800-341-9867 [Phone]  
901 New York Avenue, N.W. 202-346-4000 [FAX]  
Washington, DC 20001

### Filing Company Information

(This filing was made by a third party - goodwinprocterllp)

The Prudential Insurance Co. of America CoCode: 68241 State of Domicile: New Jersey  
751 Broad Street Group Code: 304 Company Type: LAH  
Newark, NJ 07102 Group Name: Prudential of Amer State ID Number:  
(800) 341-9867 ext. [Phone] FEIN Number: 22-1211670

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## Filing Fees

SERFF Tracking Number: GDPR-126819621 State: Arkansas  
Filing Company: The Prudential Insurance Co. of America State Tracking Number: 46849  
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TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005C Individual - Other  
Product Name: Individual Health Major Medical Expense Insurance  
Project Name/Number: AR PPACA/AR PPACA

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Prudential Insurance Co. of America	\$50.00	09/20/2010	39686245
The Prudential Insurance Co. of America	\$50.00	10/05/2010	40283172

SERFF Tracking Number: GDPR-126819621 State: Arkansas  
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	10/06/2010	10/06/2010

### 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	10/05/2010	10/05/2010	Laura Quinn	10/05/2010	10/05/2010

*SERFF Tracking Number:*      *GDPR-126819621*                      *State:*                      *Arkansas*  
*Filing Company:*              *The Prudential Insurance Co. of America*              *State Tracking Number:*      *46849*  
*Company Tracking Number:*      *AR PPACA*  
*TOI:*                      *H16I Individual Health - Major Medical*              *Sub-TOI:*                      *H16I.005C Individual - Other*  
*Product Name:*              *Individual Health Major Medical Expense Insurance*  
*Project Name/Number:*      *AR PPACA/AR PPACA*

## **Disposition**

Disposition Date: 10/06/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *GDPR-126819621* State: *Arkansas*  
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 TOI: *H16I Individual Health - Major Medical* Sub-TOI: *H16I.005C Individual - Other*  
 Product Name: *Individual Health Major Medical Expense Insurance*  
 Project Name/Number: *AR PPACA/AR PPACA*

<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification	Approved-Closed	Yes
<b>Supporting Document</b>	Application	Approved-Closed	Yes
<b>Supporting Document</b>	Health - Actuarial Justification	Approved-Closed	Yes
<b>Supporting Document</b>	Outline of Coverage	Approved-Closed	Yes
<b>Supporting Document</b>	PPACA Uniform Compliance Summary	Approved-Closed	Yes
<b>Supporting Document</b>	Letter of Authorization	Approved-Closed	Yes
<b>Form</b>	Endorsement	Approved-Closed	Yes
<b>Form</b>	Endorsement	Approved-Closed	Yes

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## Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 10/05/2010

Submitted Date 10/05/2010

Respond By Date

Dear Laura Quinn,

This will acknowledge receipt of the captioned filing.

Objection 1

- Endorsement, PPACA 2711 (Form)
- Endorsement, PPACA 2714 (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 \$50.00 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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Project Name/Number: AR PPACA/AR PPACA

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 10/05/2010  
Submitted Date 10/05/2010

Dear Rosalind Minor,

### Comments:

We are responding to your letter dated October 5, 2010 which you sent in response to our filing submitted on September 20, 2010.

### Response 1

Comments: As you requested, we have submitted an additional \$50.00 for our filing submission. The fee was submitted on October 5, 2010.

### Related Objection 1

Applies To:

- Endorsement, PPACA 2711 (Form)
- Endorsement, PPACA 2714 (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 \$50.00 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.

*SERFF Tracking Number:*      *GDPR-126819621*                      *State:*                      *Arkansas*  
*Filing Company:*              *The Prudential Insurance Co. of America*              *State Tracking Number:*      *46849*  
*Company Tracking Number:*      *AR PPACA*  
*TOI:*                      *H16I Individual Health - Major Medical*              *Sub-TOI:*                      *H16I.005C Individual - Other*  
*Product Name:*              *Individual Health Major Medical Expense Insurance*  
*Project Name/Number:*      *AR PPACA/AR PPACA*

No Rate/Rule Schedule items changed.

Please let us know if you require any additional information. Thanks.

Sincerely,  
Laura Quinn

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## Form Schedule

### Lead Form Number: PPACA 2711

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 10/06/2010	PPACA 2711	Policy/Cont ract/Fratern al	Policy/Cont ract/Fratern al	Initial		0.000	PPACA 2711 (Elimination of Lifetime Limit).pdf
Approved-Closed 10/06/2010	PPACA 2714	Policy/Cont ract/Fratern al	Policy/Cont ract/Fratern al	Initial		25.200	PPACA 2714 (Dependent Coverage to age 26).pdf

# THE PRUDENTIAL INSURANCE COMPANY OF AMERICA

## Endorsement

Effective September 23, 2010, or as of the effective date of Your Policy, whichever is later, Your Policy's lifetime dollar limit on total benefits shall no longer apply to "essential health benefits" in accordance with, and as defined in section 1302(b) of the Federal Patient Protection and Affordable Care Act, as enacted by Public Law 111-148 and codified at 42 United States Code section 18022(b), and in any applicable federal regulations thereunder.

The Prudential Insurance Company of America

By *Margaret M. Joran*

Secretary

# THE PRUDENTIAL INSURANCE COMPANY OF AMERICA

## Endorsement

Effective September 23, 2010, or as of the effective date of Your Policy, whichever is later, Covered Persons is amended to add the following provision:

In accordance with the Federal Patient Protection and Affordable Care Act, as enacted by Public Law 111-148 and codified at 42 United States Code section 300gg-14 and as implemented by part 147 of Title 45 of the Code of Federal Regulations, coverage is available for Your dependent child until the child turns 26 years of age, or your previously amended age with endorsement, whichever is greater. This is subject to the timely payment of any required premium.

For the purpose of this coverage, a “dependent child” means Your child, without regard to the child’s financial dependency, residency with You, student status, or employment, or eligibility for other coverage.

Coverage is not provided for the child of a dependent child.

This coverage is subject to the same terms that apply to all other dependents covered by Your Policy.

The Prudential Insurance Company of America

By *Margaret M. Joran*

Secretary

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## Supporting Document Schedules

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b>	Flesch Certification	Approved-Closed	10/06/2010
<b>Comments:</b>	Attached are Readability Certifications for the two endorsements.		
<b>Attachments:</b>	Readability Certification PPACA 2711.pdf Readability Certification PPACA 2714.pdf		
		<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b>	Application	Approved-Closed	10/06/2010
<b>Bypass Reason:</b>	We do not believe this requirement is applicable to this filing, which specifically relates to mandated benefit endorsements amending previously approved policies.		
<b>Comments:</b>			
		<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b>	Health - Actuarial Justification	Approved-Closed	10/06/2010
<b>Bypass Reason:</b>	This document is not required because there will be no premium changes effective with this filing.		
<b>Comments:</b>			
		<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b>	Outline of Coverage	Approved-Closed	10/06/2010
<b>Bypass Reason:</b>	This requirement is not applicable to this filing.		
<b>Comments:</b>			
		<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b>	PPACA Uniform Compliance	Approved-Closed	10/06/2010

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Product Name: Individual Health Major Medical Expense Insurance  
Project Name/Number: AR PPACA/AR PPACA  
Summary

**Comments:**

**Attachments:**

AR Final\_PPACA\_UniformComplianceSummary.pdf  
Form Numbers of Policies Being Endorsed.pdf

	<b>Item Status:</b>	<b>Status</b>
<b>Satisfied - Item:</b> Letter of Authorization	Approved-Closed	<b>Date:</b> 10/06/2010

**Comments:**

Prudential has authorized us to make this filing on its behalf, as set forth in the attached Letter of Authorization.

**Attachment:**

Jan 2010 Letter of Authorization.pdf



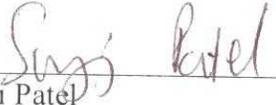
**Sue U. Patel, ASA, MAAA**  
Vice President, Actuarial  
Enterprise Discontinued Business Solutions

**The Prudential Insurance Company of America**  
751 Broad Street, Newark NJ 07102  
Tel 973 367-3011 Fax 973 367-8737  
surangi.patel@prudential.com

## CERTIFICATION

Form Number: PPACA 2711

I certify that the Flesch score for this form (including all of its words) is below the minimum required by state law, but that the form should be approved because the score is caused by policy language that has been drafted to conform to the requirements of the Federal Patient Protection and Affordable Care Act, as enacted by Public Law 111-148 and implemented by part 147 of Title 45 of the Code of Federal Regulations and because the score is warranted by the nature of the policy form (a health insurance endorsement).

  
\_\_\_\_\_  
Surangi Patel  
Vice President, Actuarial

9/16/10  
\_\_\_\_\_  
Date

PPACA Elimination of Lifetime Limit.doc - Microsoft Word

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Times New Roman 14

General Numbering (1) Continue Modify Hdg Reset Scheme Sub-# Embed Hdg Insert TOC Pleadings

**Readability Statistics**

Counts	
Words	92
Characters	494
Paragraphs	8
Sentences	1
Averages	
Sentences per Paragraph	1.0
Words per Sentence	74.0
Characters per Word	5.0
Readability	
Passive Sentences	0%
Flesch Reading Ease	0.0
Flesch-Kincaid Grade Level	36.7

OK

**THE PRUDENTIAL INSURANCE COMPANY OF AMERICA**

Effective September 23, 2010, the Company's lifetime dollar limit shall be in accordance with, and as amended by, the Affordable Care Act, as amended, and any applicable federal regulations thereunder.

→ → → → The Prudential Insurance Company of America

→ → → → By

→ → → → Secretary

Page 1 Sec 1 1/1 At 1" Ln 1 Col 1 REC TRK EXT OVR

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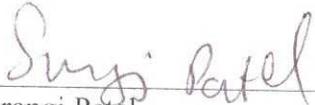
**Sue U. Patel, ASA, MAAA**  
Vice President, Actuarial  
Enterprise Discontinued Business Solutions

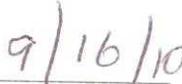
**The Prudential Insurance Company of America**  
751 Broad Street, Newark NJ 07102  
Tel 973 367-3011 Fax 973 367-8737  
surangi.patel@prudential.com

## CERTIFICATION

Form Number: PPACA 2714

I certify that the Flesch score for this form (including all of its words) is below the minimum required by state law, but that the form should be approved because the score is caused by policy language that has been drafted to conform to the requirements of the Federal Patient Protection and Affordable Care Act, as enacted by Public Law 111-148 and implemented by part 147 of Title 45 of the Code of Federal Regulations and because the score is warranted by the nature of the policy form (a health insurance endorsement).

  
\_\_\_\_\_  
Surangi Patel  
Vice President, Actuarial

  
\_\_\_\_\_  
Date

PPACA Dependent Coverage to age 26.doc - Microsoft Word

File Edit View Workshare Insert Format Tools Table Goodwin Tools Window WorkSite Help Forms Assistant dependent

Times New Roman 12

General Numbering (1) Continue Modify Hdg Reset Scheme Sub-# Embed Hdg Insert TOC Pleadings

**Readability Statistics**

Counts	
Words	180
Characters	934
Paragraphs	12
Sentences	5
Averages	
Sentences per Paragraph	1.2
Words per Sentence	27.4
Characters per Word	4.9
Readability	
Passive Sentences	20%
Flesch Reading Ease	25.2
Flesch-Kincaid Grade Level	16.5

OK

**THE PRUDEN OF AMERICA**

Effective September 23, 2010, the following dependent child coverage provisions will be amended to provide dependent child coverage for dependent children who are age 26 or older, whichever is later, as of the date of the dependent child's birth, provided that the dependent child is a dependent child as defined in the dependent child coverage provisions of the plan. The dependent child coverage provisions of the plan, as amended, will be effective for dependent children who are age 26 or older, whichever is later, as of the date of the dependent child's birth, provided that the dependent child is a dependent child as defined in the dependent child coverage provisions of the plan, as amended, and as implemented by part 147 of Title 45 of the Code of Federal Regulations, coverage is available for Your dependent child until the child turns 26 years of age, or your previously amended age with endorsement, whichever is greater. This is subject to the timely payment of any required premium.

For the purpose of this coverage, a "dependent child" means Your child, without regard to the child's financial dependency, residency with You, student status, or employment, or eligibility for other coverage.

Page 1 Sec 1 1/1 At 4" Ln 15 Col 1 [REC] [TRK] [EXT] [OVR]

start 2 Microsoft Office O... PPACA Dependent C... 2 Internet Explorer DTE 2007 11:14 AM

## 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
	<b>Eliminate Pre-existing Condition Exclusions for Enrollees Under Age 19</b>	<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 <b>no</b> , please explain.
	Explanation:			
	Page Number:			
	<b>Eliminate Annual Dollar Limits on Essential Benefits</b> 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 <b>no</b> , please explain.
	Explanation:			
	Page Number:			
	<b>Eliminate Lifetime Dollar Limits on Essential Benefits</b>	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If <b>no</b> , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If <b>no</b> , please explain.
	Explanation:			
	Page Number:			
	<b>Prohibit Rescissions</b> – 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 <b>no</b> , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If <b>no</b> , please explain.
	Explanation:			
	Page Number:			

## PPACA Uniform Compliance Summary

### SECTION A – Individual Health Benefit Plans

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	<p><b>Preventive Services</b> – 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 <b>no</b> , please explain.
	<p><b>Extends Dependent Coverage for Children Until age 26</b> – 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 <b>no</b> , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If <b>no</b> , please explain.
	<p><b>Appeals Process</b> – 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 <b>no</b> , please explain.
	<p><b>Emergency Services</b> – 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 <b>no</b> , please explain.

## PPACA Uniform Compliance Summary

### SECTION A – Individual Health Benefit Plans

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	<p><b>Access to Pediatricians</b> – 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 <b>no</b> , please explain.
	<p><b>Access to OB/GYNs</b> – 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 <b>no</b> , please explain.

## PPACA Uniform Compliance Summary

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

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	<b>Eliminate Pre-existing Condition Exclusions for Enrollees Under Age 19</b>	<i>[Sections 2704 of the PHSA/Section 1201 of the PPACA]</i>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.
	Explanation:			
	Page Number:			
	<b>Eliminate Annual Dollar Limits on Essential Benefits –</b> 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"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.
	Explanation:			
	Page Number:			
	<b>Eliminate Lifetime Dollar Limits on Essential Benefits</b>	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.
	Explanation:			
	Page Number:			
	<b>Prohibit Rescissions –</b> Except for fraud or intentional misrepresentation of material fact.	<i>[Section 2712 of the PHSA/Section 1001 of PPACA]</i>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , 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
	<b>Preventive Services</b> – 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 <b>no</b> , please explain.
	Explanation:			
	Page Number:			
	<b>Extends Dependent Coverage for Children Until age 26</b> – 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 <sup>◇</sup> <input type="checkbox"/> No If <b>no</b> , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If <b>no</b> , please explain.
	Explanation:			
	Page Number:			
	<b>Appeals Process</b> – 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 <b>no</b> , please explain.
	Explanation:			
	Page Number:			

◇ For plan years beginning before January 1, 2014, 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><b>Emergency Services</b> – 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 <b>no</b> , please explain.
	<p><b>Access to Pediatricians</b> – 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>	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If <b>no</b> , please explain.
	<p><b>Access to OB/GYNs</b> – 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>	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If <b>no</b> , please explain.

**Form Numbers Of Policies Being Endorsed**

CHIP 34500  
SA CMN-79  
SA CMN-89  
SA M-956  
SA MM-65  
Pru-Med-83  
SA V-63  
SA XH-65

SA BH-65  
SA CC-63  
SA CC-65  
SA CCK-65  
SA CCL-65  
SA CCL-79  
SA CCP-79A  
SA CF-160  
SA CS-757  
SA DH-65  
SA F-63  
SA G-956  
SA HS-154  
SA HS-252  
SA MBA-63  
SA MBA-65  
SA OHF-252  
SA OHS-154  
SA OHS-252  
SA S-956  
SA T-63  
SA Y-63



**Prudential**

**Sue U. Patel, ASA, MAAA**

Vice President, Actuarial

Enterprise Discontinued Business Solutions

**The Prudential Insurance Company of America**

751 Broad Street, Newark NJ 07102

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### **Letter of Authorization**

TO: Department of Insurance

Prudential Insurance Company of America ("Prudential") has entered into an agreement with Goodwin Procter LLP (with which Shea & Gardner has combined) for Goodwin Procter LLP to perform individual health insurance policy endorsement filing services on Prudential's behalf. The agreement provides, in part, that Goodwin Procter LLP is authorized to prepare and file for approval with state insurance departments, endorsements, or similar documents relating to Prudential's individual health insurance policies. Goodwin Procter LLP is also authorized to receive and to make, on Prudential's behalf, written and oral communications with state insurance departments for the purpose of completing the filing process.

Please accept this letter of authorization for the purpose stated above. This letter of authorization will expire on December 31, 2010. Should you have any questions regarding this matter, please contact me at the address stated above.

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Sue U. Patel

Vice President, Actuarial