

SERFF Tracking Number: HUMA-126829797 State: Arkansas
Filing Company: Humana Insurance Company State Tracking Number: 46881
Company Tracking Number: AR-10-004
TOI: H06 Health - Conversion Sub-TOI: H06.000 Health - Conversion
Product Name: AR-00464-01 5/2001, et. al.
Project Name/Number: DME updates/AR-10-004

Filing at a Glance

Company: Humana Insurance Company
Product Name: AR-00464-01 5/2001, et. al.
TOI: H06 Health - Conversion

Sub-TOI: H06.000 Health - Conversion
Filing Type: Form

SERFF Tr Num: HUMA-126829797 State: Arkansas
SERFF Status: Closed-Approved- State Tr Num: 46881
Closed

Co Tr Num: AR-10-004

State Status: Approved-Closed

Reviewer(s): Rosalind Minor

Author: Wendy Jeffries

Disposition Date: 10/07/2010

Date Submitted: 09/23/2010

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: DME updates
Project Number: AR-10-004
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 10/07/2010

Status of Filing in Domicile:
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Group
Group Market Size: Small
Group Market Type: Employer
Explanation for Other Group Market Type:
State Status Changed: 10/07/2010
Created By: Wendy Jeffries
Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Wendy Jeffries

PPACA: Not PPACA-Related

Filing Description:

We respectfully submit for your review and approval on a general use basis the attached amendment to update language.

Thank you for your attention to this filing. Should you have any questions, please do not hesitate to contact me at 1-800-664-4140, ext. 1783, via fax to 502-508-1783 or E-mail to wjeffries@humana.com.

Sincerely,
Wendy Jeffries

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 Project Name/Number: DME updates/AR-10-004

Company and Contact

Filing Contact Information

Wendy Jeffries, Regional Contract Analyst wjeffries@humana.com
 321 W. Main Street 502-580-1783 [Phone]
 6th Floor, East Tower
 Louisville, KY 40202

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: 1 amendment = \$50.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Humana Insurance Company	\$50.00	09/23/2010	39816814

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Product Name: AR-00464-01 5/2001, et. al.

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	10/07/2010	10/07/2010

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Disposition

Disposition Date: 10/07/2010

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	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Supporting Document	Variability Statement	Approved-Closed	Yes
Form	AMENDMENT	Approved-Closed	Yes

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Form Schedule

Lead Form Number: AR-AMEND-CONV-DME

Schedule Item	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 10/07/2010	AR-AMEND-CONV-DME	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Initial			AR DME Amend 10-2010.pdf

[AMENDMENT]

This amendment is made part of the Policy to which it is attached. The effective date of this change is the latter of the effective date of the Policy or the date this benefit is added to the Policy.

All terms used in this amendment have the same meaning given to them in the Policy unless otherwise specifically defined in this amendment. Except as modified below all terms, conditions and limitations of the Policy apply.

DEFINITIONS

The definition of **Diabetes Equipment** is added to the Definitions section of the Policy as follows:

DIABETES EQUIPMENT

Diabetes Equipment means blood glucose monitors, including monitors designed to be used by blind individuals; insulin pumps and associated accessories; insulin infusion devices; and podiatric appliances for the prevention of complications associated with diabetes.

MAJOR MEDICAL BENEFITS

Notwithstanding any other provision outlined in the Major Medical Benefits section of the Policy, the following charges for **Durable Medical Equipment** [and **Diabetes Equipment**] are considered **Covered Expenses** under the Policy, subject to all other terms, provisions, limitations and exclusions of the Policy:

DURABLE MEDICAL EQUIPMENT [AND DIABETES EQUIPMENT]

We will pay benefits for **Covered Expenses** incurred by **You** for [Medically Necessary] **Durable Medical Equipment** [or **Diabetes Equipment**]. [**Covered Expenses** include oxygen and rental of equipment for its administration.]

At **Our** option, **Covered Expenses** include the purchase or rental of **Durable Medical Equipment** [or **Diabetes Equipment**]. If the cost of renting the equipment is more than **You** would pay to buy it, only the cost of the purchase is considered to be a **Covered Expense**. In either case, total **Covered Expenses** for **Durable Medical Equipment** [or **Diabetes Equipment**] shall not exceed its purchase price. In the event **We** determine to purchase the **Durable Medical Equipment** [or **Diabetes Equipment**], any amount paid as rent for such equipment will be credited toward the purchase price.

Repair and maintenance of purchased **Durable Medical Equipment** [or **Diabetes Equipment**] is a **Covered Expense** [if:

- [Manufacturer's warranty is expired][;]
- [Repair or maintenance is not a result of misuse or abuse][;]
- [Maintenance is not more frequent than every six months][;] [and]
- [Repair cost is less than replacement cost][;][.]

AMENDMENT (continued)

Replacement of purchased **Durable Medical Equipment** [or **Diabetes Equipment**] is a **Covered Expense** [if:

- [Manufacturer's warranty is expired][;]
- [Replacement cost is less than repair cost][;] [and]
- [Replacement is not due to lost or stolen equipment, or misuse or abuse of the equipment][;] [or]
- [Replacement is required due to a change in **Your** condition that makes the current equipment non-functional][.]

MEDICAL BENEFITS – LIMITATIONS AND EXCLUSIONS

The following limitations/exclusions are added to the Medical Benefits – Limitations and Exclusion section of the Policy:

This Policy does NOT provide benefits for:

- Equipment or devices not specifically designed and intended for the care and treatment of a **Sickness** or **Bodily Injury**.
- Duplicate or similar rentals or purchases of **Durable Medical Equipment** [or **Diabetes Equipment**].

Humana Insurance Company

[[Signature of Officer]
[Typed Name of Officer]
[Title of Officer]]

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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	10/07/2010
Comments:	see attached		
Attachments:	AR-10-004 Certification of Compliance-Rule & Regulation 19.pdf AR-10-004 Certificate of Compliance-Bulletin 9-85.pdf		
		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	10/07/2010
Bypass Reason:	N/A		
Comments:			
		Item Status:	Status Date:
Bypassed - Item:	Health - Actuarial Justification	Approved-Closed	10/07/2010
Bypass Reason:	N/A		
Comments:			
		Item Status:	Status Date:
Bypassed - Item:	Outline of Coverage	Approved-Closed	10/07/2010
Bypass Reason:	N/A		
Comments:			
		Item Status:	Status Date:
Bypassed - Item:	PPACA Uniform Compliance Summary	Approved-Closed	10/07/2010
Bypass Reason:	N/A		

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Comments:

Satisfied - Item: Variability Statement

Comments:

see attached

Attachment:

AR Matrix Filing Variability Statement.pdf

Item Status:

Approved-Closed

Status

Date:

10/07/2010

TO: State of Arkansas
Office of the Commissioner of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

FORM: See Form Schedule tab for a list of forms.

CERTIFICATION OF COMPLIANCE
Arkansas Rule and Regulation 19

I, J. Gregory Catron, an officer of Humana Insurance Company, hereby certify that I have authority to bind and obligate the company by the filing of this form. I further certify that, to the best of my knowledge, information and belief:

- (a) The accompanying form as identified above does comply with all applicable provisions of the Arkansas Rule and Regulation 19; and
- (b) The form does meet the Flesch reading ease test for a score of 40 for all applicable policies, certificates and certificate riders unless the Commissioner of Insurance of the State of Arkansas requires a lower score;



J. Gregory Catron
Vice President and Assistant General Counsel
Humana Insurance Company

September 23, 2010
Date

Individual responsible for this filing:

Wendy Jeffries
Contract Analyst
Product Compliance

TO: Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

RE: GROUP HEALTH INSURANCE FORMS FILING
HUMANA INSURANCE COMPANY
POLICY SERIES: CC2003
NAIC#: 73288
FEIN#: 39-1263473
INTERNAL FILING NUMBER: AR-10-004

CERTIFICATION OF COMPLIANCE

I have reviewed or supervised the review of the policy forms contained in this filing and hereby certify to the best of my knowledge and belief that they are in compliance with Bulletin 9-85 of the state of Arkansas.



(Signature)

J. Gregory Catron
Vice President and Assistant General Counsel
Humana Insurance Company

09/23/2010

(Date)

Individual responsible for this filing:

Wendy Jeffries
Contract Analyst
Product Compliance

Statement of Variability

- All numbers (excluding matrix element numbers) are variable. Numbers within a provision determined by the laws of the governing jurisdiction will be varied only within the confines of the law.
- Matrix elements may vary to the extent that such paragraphs may be included, omitted or transferred to another position to suit the needs of a particular policyholder subject to: (a) any statutory or regulatory requirements; and (b) the condition that the language and benefit be within the intent and framework of the particular provisions.
- Items which customarily vary according to the policyholder's specific plan of insurance.
- The Variable Options form includes benefit levels stated as "Level 1" and "Level 2". These terms may be replaced with terms that describe the provider and/or network arrangements appropriate to each plan.

We also reserve the right to amend the attached to fix any minor typographical errors we may have neglected to find prior to submitting for approval and amend the language to clarify the intent within the confines of the law.