

SERFF Tracking Number: HUMA-126836282 State: Arkansas
 Filing Company: AXA Equitable Life Insurance Company State Tracking Number: 46919
 Company Tracking Number:
 TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005C Individual - Other
 Product Name: PPACA Endorsement AXA
 Project Name/Number: PPACA Endorsement AXA/

Filing at a Glance

Company: AXA Equitable Life Insurance Company

Product Name: PPACA Endorsement AXA SERFF Tr Num: HUMA-126836282 State: Arkansas
 TOI: H16I Individual Health - Major Medical SERFF Status: Closed-Approved- State Tr Num: 46919
 Closed

Sub-TOI: H16I.005C Individual - Other Co Tr Num: State Status: Approved-Closed
 Filing Type: Form Reviewer(s): Rosalind Minor
 Author: Margaret Dyches Disposition Date: 10/08/2010
 Date Submitted: 09/28/2010 Disposition Status: Approved-Closed
 Closed
 Implementation Date Requested: On Approval Implementation Date:
 State Filing Description:

General Information

Project Name: PPACA Endorsement AXA
 Project Number:
 Requested Filing Mode: Review & Approval
 Explanation for Combination/Other:
 Submission Type: New Submission
 Overall Rate Impact:
 Filing Status Changed: 10/08/2010

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: 10/08/2010
 Created By: Margaret Dyches
 Corresponding Filing Tracking Number:

Deemer Date:
 Submitted By: Margaret Dyches
 PPACA: Grandfathered Immed Mkt Reforms
 Filing Description:

This ia a PPACA filing only. This endorsement is to bring a small closed block of individual policies into compliance with the PPACA. There are 10 such policies in your state.

1. LMM (AS102MM) premium rates currently on file include variations by benefit limit. With the removal of the lifetime dollar benefit limits, these variations will no longer be relevant. During 2011 we anticipate beginning to apply the current premium rates for the \$60K benefit limit to all LMM (AS102MM) policies on their policy anniversaries.
2. BMM premium rates currently on file include variations by benefit limits. With the removal of the lifetime dollar benefit limit, these variations will no longer be relevant. During 2011 we anticipate beginning to apply the current premium rates for the \$250K benefit limit to all BMM policies on their policy anniversaries.

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3. Group conversion HC 117 premium rates currently on file include variations by benefit maximum. With the removal of the lifetime dollar benefit limits, these variations will no longer be relevant. During 2011 we anticipate beginning to apply the current premium rates for the \$250K benefit limit to all HC-117 policies on their policy anniversaries.

Company and Contact

Filing Contact Information

Margaret Dyches, Compliance Analyst mdyches4@humana.com
 210 South White Street 803-283-5442 [Phone]
 Lancaster, SC 29720

Filing Company Information

AXA Equitable Life Insurance Company CoCode: 62944 State of Domicile: New York
 1290 Avenue of the Americas Group Code: Company Type:
 New York, NY 10104 Group Name: State ID Number:
 (212) 554-1234 ext. [Phone] FEIN Number: 13-5570651

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: One(1) endorsement filing
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
AXA Equitable Life Insurance Company	\$50.00	09/28/2010	39960795

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Correspondence Summary

Dispositions

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

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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	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
Form	PPACA Endorsement AXA	Approved-Closed	Yes

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Form Schedule

Lead Form Number: AXA PPACA GEN 07/21/2010

Schedule Item	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved-	AXA	Policy/Cont PPACA	Initial			AXA PPACA
Closed	PPACA	ract/Fratern Endorsement AXA				GEN
10/08/2010	GEN	al				07'21'2010.pdf
	07/21/2010	Certificate: Amendmen t, Insert Page, Endorseme nt or Rider				

AXA EQUITABLE LIFE INSURANCE COMPANY

ENDORSEMENT

POLICY ENDORSEMENT TO IMPLEMENT THE PATIENT PROTECTION AND AFFORDABLE CARE ACT OF 2010

This Endorsement is attached to and becomes a part your policy. Your policy is amended as stated below.

A new section titled "Patient Protection and Affordable Care Act of 2010" is hereby added to the policy as follows:

PATIENT PROTECTION AND AFFORDABLE CARE ACT OF 2010

Notwithstanding any other provision of your policy, the provisions below shall apply. In the event of a conflict between the provisions of any other section of your policy and the provisions of this Endorsement, the provisions of this Endorsement shall prevail.

Definitions

"Essential health benefits" are benefits that fall within the following categories: ambulatory patient services, emergency services, hospitalization, maternity and newborn care, mental health and substance use disorder services, including behavioral health treatment, prescription drugs, rehabilitative and habilitative services and devices, laboratory services, preventive and wellness services and chronic disease management and pediatric services, including oral and vision care. This definition shall be consistent with the Patient Protection and Affordable Care Act of 2010 and any regulations issued pursuant thereto.

"Patient Protection and Affordable Care Act of 2010" means the Patient Protection and Affordable Care Act of 2010 (Public Law 111-148) as amended by the Health Care and Education Reconciliation Act of 2010 (Public Law 111-152).

"Policy anniversary" means each annual anniversary of the effective date of the policy.

"Policy year" means the year commencing with the effective date of the policy or with an annual anniversary of that date so long as this policy remains in force.

Benefit Dollar Limits

The benefits that your policy provides by its terms which fall into one or more of those categories defined as essential health benefits, are not subject to (a) lifetime dollar benefit maximums or (b) "per cause" benefit limits representing the total benefits payable (i) with respect to any one injury, accident or sickness, or any particular type of disease, disorder or condition or (ii) for each separate injury, accident or sickness, and all recurrences and related conditions.

This Endorsement does not add any benefit not already provided by the terms of your policy, nor does this Endorsement remove any benefit already provided by the terms of your policy.

Rescissions

We may not void your policy based on a misrepresentation by you unless you have performed an act or practice that constitutes fraud or made an intentional misrepresentation of material fact as prohibited by the terms of your policy.

Extension of Coverage to Dependents to Age 26

Notwithstanding the eligibility requirements described in your policy, your children under the age of 26 are eligible to be covered persons.

Your eligible children who are under age 26 and not currently covered may be added as a covered person as stated in your policy.

Your eligible children covered by your policy will not have their coverage terminated due to age until the child turns 26 years of age.

This Endorsement takes effect on the next policy anniversary occurring on or after September 23, 2010.

This Endorsement terminates concurrently with the policy to which it is attached. This Endorsement is subject to all definitions, limitations, exclusions, conditions and terms of the policy except as stated herein.



Christopher M. Condrón
Chairman and Chief Executive Officer



Karen Field Hazin
Vice President, Secretary and
Associate General Counsel

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Supporting Document Schedules

		Item Status:	Status Date:
Bypassed - Item:	Flesch Certification	Approved-Closed	10/08/2010
Bypass Reason:	N/A PPACA Endorsement Filing		
Comments:			
Bypassed - Item:	Application	Approved-Closed	10/08/2010
Bypass Reason:	N/A PPACA Endorsement Filing		
Comments:			
Bypassed - Item:	Health - Actuarial Justification	Approved-Closed	10/08/2010
Bypass Reason:	N/A PPACA Endorsement Filing		
Comments:			
Bypassed - Item:	Outline of Coverage	Approved-Closed	10/08/2010
Bypass Reason:	N/A PPACA Endorsement Filing		
Comments:			
Satisfied - Item:	PPACA Uniform Compliance Summary	Approved-Closed	10/08/2010
Comments:			
Attachment:	PPACA Compliance Summary.pdf		

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, 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>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.