

SERFF Tracking Number: NGLI-126831647 State: Arkansas
Filing Company: National Guardian Life Insurance Company State Tracking Number: 46896
Company Tracking Number: NVI-LASIK 02/10
TOI: H20G Group Health - Vision Sub-TOI: H20G.000 Health - Vision
Product Name: Laser Vision Surgery Benefit Rider
Project Name/Number: Laser Vision Surgery Benefit Rider/

Filing at a Glance

Company: National Guardian Life Insurance Company

Product Name: Laser Vision Surgery Benefit Rider SERFF Tr Num: NGLI-126831647 State: Arkansas

Rider

TOI: H20G Group Health - Vision SERFF Status: Closed-Approved-Closed State Tr Num: 46896

Sub-TOI: H20G.000 Health - Vision

Co Tr Num: NVI-LASIK 02/10

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Rosalind Minor

Authors: Peggy Kratz, CarLee Cramer

Disposition Date: 10/07/2010

Date Submitted: 09/24/2010

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Laser Vision Surgery Benefit Rider

Status of Filing in Domicile: Not Filed

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Overall Rate Impact:

Group Market Type: Employer, Association, Trust, Other

Filing Status Changed: 10/07/2010

Explanation for Other Group Market Type: Unions

Deemer Date:

State Status Changed: 10/07/2010

Submitted By: CarLee Cramer

Created By: CarLee Cramer

Filing Description:

Corresponding Filing Tracking Number:

Re: National Guardian Life Insurance Company

NAIC # 66583

FEIN# 39-0493780

Laser Vision Surgery Benefit Rider: NVI-LASIK 02/10

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The attached rider is new and is not intended to replace any previously approved forms. This rider is designed to provide a flat dollar amount for laser vision surgery. It is offered at the policyholder level as an additional benefit under their group vision policy.

It will be used with the following previously approved vision policy: NVIGRP 5/07, approved 08/16/2007.

The rider pays a flat dollar amount for laser vision surgery. The amount paid to a network provider may be different than the amount paid to a non-network provider.

The rider provides the range of each benefit amount within brackets.

Your approval of this form would be greatly appreciated.

Company and Contact

Filing Contact Information

CarLee Cramer, chcramer@nglic.com
 2 E. Gilman Street 608-443-5371 [Phone]
 Madison, WI 53701

Filing Company Information

National Guardian Life Insurance Company CoCode: 66583 State of Domicile: Wisconsin
 P.O. Box 1191 Group Code: Company Type: LAH
 Madison, WI 53701-1191 Group Name: State ID Number:
 (800) 626-7931 ext. 5325[Phone] FEIN Number: 39-0493780

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? Yes
 Fee Explanation: One (1) rider form being submitted for review.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
National Guardian Life Insurance Company	\$50.00	09/24/2010	39867077

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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	Statement of Variability	Approved-Closed	Yes
Form	Laser Vision Surgery Benefit Rider	Approved-Closed	Yes

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Form Schedule

Lead Form Number: NVI-LASIK 02/10

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 10/07/2010	NVI-LASIK 02/10	Policy/Cont ract/Fratern al	Laser Vision Surgery Benefit Rider	Initial		40.400	NVI-LASIK 8-10.pdf
		Certificate: Amendmen t, Insert Page, Endorseme nt or Rider					



A Mutual Company Incorporated in 1909
PO Box 1191 • Madison, WI 53701-1191

LASER VISION SURGERY BENEFIT RIDER

This Rider amends the Policy/Certificate to which it is attached. The following benefit is added:

DEFINITIONS

Insured means a person who is insured under the Policy/Certificate to which this Rider is attached.

Laser Vision Correction Services means laser assisted surgery, performed by an Ophthalmologist, for refractive error.

Ophthalmologist means an oculist who specializes in diseases and refractive errors of the eye.

Benefit Frequency Period – the frequency for Lenses, Frames or Contact Lenses listed on the schedule of benefits.

BENEFIT

If an Insured has Laser Vision Correction Services, the Insured may elect to receive such services in lieu of prescription eyewear during a single Benefit Frequency Period. The Laser Vision Correction Services must have been determined by an Ophthalmologist to be clinically appropriate for improvement of the refractive error. We will pay a single allowance of: \$[50-2,000] [if received from a participating In-Network Provider; or \$[50-2,000] if received from a non-participating Out-of Network provider]. We pay the benefit allowance for Laser Vision Correction Services one time only during the lifetime of each Insured. [When Laser Vision Correction Services are received from a participating In-Network Provider, the Insured is also entitled to receive provider discounts, if any.]

NON-COVERED SERVICES/MATERIALS

We do not pay the benefit for:

1. Any laser vision correction procedure subsequent to the Laser Vision Correction Services.
2. Any services or procedures resulting from the Laser Vision Correction Services.
3. Any Laser Vision Correction Services performed by anyone other than an Ophthalmologist who is licensed in the United States of America.
4. Any Laser Vision Correction Services performed [by a participating in-network provider or an out of network non-participating provider located] outside of the United States of America.
5. Any Lenses, Frames or Contact Lenses received during the same Benefit Frequency Period as Laser Vision Correction Services.
6. Any laser vision correction procedure that is experimental, unproven or related to a research protocol.

This Rider takes effect on the effective date of the Policy/Certificate to which it is attached. This Rider terminates concurrently with the Policy/Certificate to which it is attached. It is subject to all the definitions, limitations, exclusions, and conditions of the Policy/Certificate except as stated.

Signed for National Guardian Life Insurance Company, at its Home Office in Madison, Wisconsin.


Sherri Kliczak, Secretary


John Larson, President

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	10/07/2010
Comments:		
Attachments:		
Certificate of Compliance 9.24.10.pdf		
Certification of Readability 9.24.10.pdf		

	Item Status:	Status Date:
Satisfied - Item: Application	Approved-Closed	10/07/2010
Comments:		
This rider form will be used with the following previously approved group vision product: NVIGRP 5/07, approved 08/16/2007.		

	Item Status:	Status Date:
Satisfied - Item: Statement of Variability	Approved-Closed	10/07/2010
Comments:		
Attachment:		
Statement of Variability NVI-LASIK 8-10.pdf		



CERTIFICATE OF COMPLIANCE

Name Of Insurer: National Guardian Life Insurance Company

Form No:

NVI-LASIK 02/10

I certify that this form and related writings comply with all of the laws, rules, bulletins and published guidelines applicable to the particular type of form.

Mathew J. Dew
Signature

September 24, 2010
Date

Mathew J. Dew
VP and General Counsel

Individual responsible for this filing:

Name: CarLee H. Cramer
Title: Paralegal

Phone #: (608) 443-5371
Email: chcramer@nglic.com

National Guardian Life Insurance Company (NGL) • Two East Gilman Street • PO Box 1191 •
Madison WI 53701-1191

608.257.5611 • 800.548.2962 • Fax: 608.257.4308 • www.nglic.com



CERTIFICATION OF READABILITY

I, Mathew J. Dew, an officer of the National Guardian Life Insurance Company, certify that the Flesch scores for the submitted forms are listed below:

Forms	Flesch Scores
NVI-LASIK 02/10	40.4

Mathew J. Dew
Signature

September 24, 2010
Date

Mathew J. Dew
VP and General Counsel

Individual responsible for this filing:
Name: CarLee H. Cramer
Title: Paralegal

Phone #: (608) 443-5371
Email: chcramer@nglic.com

LASER VISION SURGERY BENEFIT RIDER

Statement of Variability

1. \$[50-2,000 – The minimum dollar amount shown will be \$50. This amount may increase in \$25 increments; with \$2000 being the maximum amount.
2. The following statements will be deleted entirely if there is no benefit differential between providers.
 - a. [if received from a participating In-Network Provider; or \$[50-2,000] if received from a non-participating Out-of Network provider]
 - b. [When Laser Vision Correction Services are received from a participating In-Network Provider, the Insured is also entitled to receive provider discounts, if any.]
 - c. [by a participating in-network provider or an out of network non-participating provider located]