

SERFF Tracking Number: USLH-126834911 State: Arkansas
Filing Company: United Security Life and Health Insurance State Tracking Number: 46915
Company
Company Tracking Number: PPACA (AR)
TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001C Any Size Group - Other
Product Name: Certified PPACA Compliance Filing
Project Name/Number: Certified PPACA Compliance Filing/

Filing at a Glance

Company: United Security Life and Health Insurance Company

Product Name: Certified PPACA Compliance SERFF Tr Num: USLH-126834911 State: Arkansas
Filing

TOI: H16G Group Health - Major Medical SERFF Status: Closed-Approved- State Tr Num: 46915
Closed

Sub-TOI: H16G.001C Any Size Group - Other Co Tr Num: PPACA (AR) State Status: Approved-Closed
Filing Type: Form Reviewer(s): Rosalind Minor

Author: Jaime Gettemans Disposition Date: 10/11/2010

Date Submitted: 09/28/2010 Disposition Status: Approved-
Closed

Implementation Date Requested: 09/23/2010

Implementation Date:

State Filing Description:

General Information

Project Name: Certified PPACA Compliance Filing

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 10/11/2010

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 09/22/2010

Domicile Status Comments:

Market Type: Group

Group Market Size: Small

Group Market Type: Discretionary

Explanation for Other Group Market Type:

State Status Changed: 10/11/2010

Created By: Jaime Gettemans

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Jaime Gettemans

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

Filing Description:

Please see the cover letter under the "Supporting Documents" tab for a detailed filing description

Company and Contact

Filing Contact Information

Jaime Gettemans,

jaimegettemans@jandpholdings.com

SERFF Tracking Number: USLH-126834911 State: Arkansas
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 Product Name: Certified PPACA Compliance Filing
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6640 S. Cicero Avenue 708-552-2417 [Phone]
 Bedford Park, IL 60638

Filing Company Information

United Security Life and Health Insurance CoCode: 81108 State of Domicile: Illinois
 Company
 6640 S. Cicero Group Code: Company Type:
 Bedford Park, IL 60638 Group Name: State ID Number:
 (708) 475-6000 ext. [Phone] FEIN Number: 36-3692140

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United Security Life and Health Insurance Company	\$50.00	09/28/2010	39953377
United Security Life and Health Insurance Company	\$50.00	10/08/2010	40474823

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	10/11/2010	10/11/2010

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	10/08/2010	10/08/2010	Jaime Gettemans	10/08/2010	10/08/2010

SERFF Tracking Number: USLH-126834911 *State:* Arkansas
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Disposition

Disposition Date: 10/11/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: USLH-126834911 State: Arkansas
Filing Company: United Security Life and Health Insurance State Tracking Number: 46915
Company
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TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001C Any Size Group - Other
Product Name: Certified PPACA Compliance Filing
Project Name/Number: Certified PPACA Compliance Filing/

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 10/08/2010

Submitted Date 10/08/2010

Respond By Date

Dear Jaime Gettemans,

This will acknowledge receipt of the captioned filing.

Objection 1

- PPACA Grandfathered Group Certificate Rider, PPACA-GRAND-AR (Form)
- PPACA Non-Grandfathered Group Certificate Rider, PPACA-NONGRAND-AR (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

SERFF Tracking Number: USLH-126834911 State: Arkansas
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Response Letter

Response Letter Status Submitted to State
Response Letter Date 10/08/2010
Submitted Date 10/08/2010

Dear Rosalind Minor,

Comments:

I hope this correspondence finds you well.

Response 1

Comments: Pursuant to your 10.8.10 Objection Letter, please note that I have submitted the additional \$50.00 filing fee under the "Filing Fees" tab.

Related Objection 1

Applies To:

- PPACA Grandfathered Group Certificate Rider, PPACA-GRAND-AR (Form)
- PPACA Non-Grandfathered Group Certificate Rider, PPACA-NONGRAND-AR (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.

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Product Name: Certified PPACA Compliance Filing
Project Name/Number: Certified PPACA Compliance Filing/

No Rate/Rule Schedule items changed.

We hope that this response sufficiently addresses all open issues with this filing.

We look forward to your approval.

Sincerely,

Jaime Gettemans

Sincerely,

Jaime Gettemans

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Form Schedule

Lead Form Number:

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 10/11/2010	PPACA-GRAND-AR	Certificate	PPACA Amendmen t, Insert Grandfathered Group Certificate Rider Page, Endorseme nt or Rider	Initial			PPACA-GRAND-AR.pdf
Approved-Closed 10/11/2010	PPACA-NONGRAND-AR	Certificate	PPACA Non- Amendmen t, Insert Grandfathered Group Certificate Rider Page, Endorseme nt or Rider	Initial			PPACA-NONGRAND-AR.pdf

Exhibit A
UNITED SECURITY LIFE AND HEALTH INSURANCE COMPANY
ARKANSAS

PPACA Endorsement Template

**PATIENT PROTECTION AND AFFORDABLE CARE ACT OF 2010
GRANDFATHERED GROUP CERTIFICATE RIDER**

The Certificate, to which this rider is attached and becomes a part, is amended as stated below.

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

PATIENT PROTECTION AND AFFORDABLE CARE ACT OF 2010

Effective 09/23/2010, some of the benefits, terms, conditions, limitations and exclusions contained in Your Certificate will change as a result of the Patient Protection and Affordable Care Act of 2010. Notwithstanding any other provision of Your Certificate, the provisions below shall apply. In the event of a conflict between the provisions of any other Section of Your Certificate and the provisions of this Rider, the provisions of this Rider shall prevail, except to the extent the provisions of Your Certificate are more beneficial to You than are the provisions of this Rider.

Definitions

For the purposes of this Rider, the following definitions shall apply:

"Emergency services" means, with respect to an emergency medical condition, a medical screening examination that is within the capability of the emergency department of a hospital, including ancillary services routinely available to the emergency department to evaluate such emergency medical condition, and, within the capabilities of the staff and facilities available at the hospital, such further medical examination and treatment as are required to stabilize the patient.

"Essential health benefits" means benefits covered under Certificate, in at least 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. Such benefits shall be consistent with those set forth under 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).

"Stabilize" means, with respect to an emergency medical condition, to provide such medical treatment of the condition as may be necessary to assure, within reasonable medical probability that no material deterioration of the condition is likely to result from or occur during the transfer of the individual from a facility.

Lifetime Dollar Limits

If Your Certificate contains a lifetime dollar maximum on the value of all benefits, such lifetime dollar maximum no longer applies. If Your Certificate contains a lifetime dollar maximum(s) on the value of specific benefits that are Essential Health Benefits, such lifetime dollar maximum(s) no longer apply.

If coverage under this Certificate, for You or another person in Your family, ended by reason of reaching a lifetime dollar maximum, and You or Your family member are eligible for benefits under this Certificate, You will receive written notice that You or Your family member are once again eligible for benefits under this Certificate. If Your family member is no longer enrolled under this Certificate, he or she will be given the opportunity to re-enroll. We must provide You this written notice and, if applicable, the opportunity to re-enroll, by 09/23/2011

Rescissions

We may not rescind Your Certificate based on 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 Certificate. We must provide at least 30 days advance written notice before Your Certificate may be rescinded. You have the right to appeal any such rescission.

Extension of Coverage to Dependents

Notwithstanding the eligibility requirements described in the **Major Medical Expense Insurance Provisions** section of Your Certificate, a child in Your family is eligible to become a Covered Person if the child: 1) is under age 26, and 2) is related to You by one of the relationships listed in the **Definitions** section under **“Covered Dependent”** of Your Certificate.

Right to Appeal

You have the right to appeal any decision or action by Us to deny, reduce, or terminate the provision of or payment for health care services requested or received under Your Certificate. When We have denied, reduced, or terminated a requested service or payment for a service covered by Your Certificate based on a judgment as to the medical necessity, appropriateness, health care setting, level of care, or effectiveness of the health care service, You have the right to have Our decision reviewed by an independent review organization not associated with Us.

We must provide You with certain written information, including the specific reason for Our decision and a description of Your appeal rights and procedures, every time We make a determination to deny, reduce or terminate the provision of or payment for health care services requested or received under Your Certificate.

Emergency Services

We shall cover Emergency Services without the need for any prior authorization determination and without regard as to whether the health care provider furnishing such services is a Participating Provider. Care provided by a Non-participating Provider will be paid at no greater cost to the Covered Person than if the services were provided by a Participating Provider.

Grandfathered Health Plan Disclosure Requirement

This health insurance issuer believes this coverage is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that Your Policy may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventative health services without any cost sharing. However, grandfathered health

plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to:

Customer Service
United Security Life and Health Insurance Company
6640 S. Cicero Avenue, Third Floor
Bedford Park, IL 60638
Phone: (800) 875-4422

You may also contact the Arkansas Insurance Department at (800) 282-9134 or www.insurance.arkansas.gov.

Questions/Contact Information

Questions regarding this Rider can be directed to:

Customer Service
United Security Life and Health Insurance Company
6640 S. Cicero Avenue, Third Floor
Bedford Park, IL 60638
Phone: (800) 875-4422

You may also contact the Arkansas Insurance Department at (800) 282-9134 or www.insurance.arkansas.gov.

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

IN WITNESS WHEREOF:

United Security Life and Health Insurance Company

Sandra J. Horn
President

Exhibit A
UNITED SECURITY LIFE AND HEALTH INSURANCE COMPANY
ARKANSAS

PPACA Endorsement Template

**PATIENT PROTECTION AND AFFORDABLE CARE ACT OF 2010
NON-GRANDFATHERED GROUP CERTIFICATE RIDER**

The Certificate, to which this rider is attached and becomes a part, is amended as stated below.

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

PATIENT PROTECTION AND AFFORDABLE CARE ACT OF 2010

Effective [XX/XX/XXXX], some of the benefits, terms, conditions, limitations and exclusions contained in Your Certificate will change as a result of the Patient Protection and Affordable Care Act of 2010. Notwithstanding any other provision of Your Certificate, the provisions below shall apply. In the event of a conflict between the provisions of any other Section of Your Certificate and the provisions of this Rider, the provisions of this Rider shall prevail, except to the extent the provisions of Your Certificate are more beneficial to You than are the provisions of this Rider..

Definitions

For the purposes of this Rider, the following definitions shall apply:

"Emergency services" means, with respect to an emergency medical condition, a medical screening examination that is within the capability of the emergency department of a hospital, including ancillary services routinely available to the emergency department to evaluate such emergency medical condition, and, within the capabilities of the staff and facilities available at the hospital, such further medical examination and treatment as are required to stabilize the patient.

"Essential health benefits" means benefits covered under Certificate, in at least 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. Such benefits shall be consistent with those set forth under 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).

"Stabilize" means, with respect to an emergency medical condition, to provide such medical treatment of the condition as may be necessary to assure, within reasonable medical probability that no material deterioration of the condition is likely to result from or occur during the transfer of the individual from a facility.

Lifetime Dollar Limits

If Your Certificate contains a lifetime dollar maximum on the value of all benefits, such lifetime dollar maximum no longer applies. If Your Certificate contains a lifetime dollar maximum(s) on the value of specific benefits that are Essential Health Benefits, such lifetime dollar maximum(s) no longer apply.

If coverage under this Certificate, for You or another person in Your family, ended by reason of reaching a lifetime dollar maximum, and You or Your family member are eligible for benefits under this Certificate, You will receive written notice that You or Your family member are once again eligible for benefits under this Certificate. If Your family member is no longer enrolled under this Certificate, he or she will be given the opportunity to re-enroll. We must provide You this written notice and, if applicable, the opportunity to re-enroll, by 09/23/2011.

Annual Dollar Limits

Essential Health Benefits provided within Your Certificate are subject to an annual dollar maximum that is the greater of: 1) \$750,000 for the year beginning 01/01/2011, \$1,250,000 for the year beginning 01/01/2012, \$2,000,000 for the year beginning 01/01/2013; or 2) the amount(s) shown on the **Schedule of Benefits**.

Coverage for benefits that are not Essential Health Benefits will not be taken into account when determining whether You have met or exceeded the annual dollar maximum, if any, as described above.

Rescissions

We may not rescind Your Certificate based on 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 Certificate. We must provide at least 30 days advance written notice before Your Certificate may be rescinded. You have the right to appeal any such rescission.

Preventive Services

In addition to the **Eligible Expense** section listed the **Major Medical Expense Insurance Provision** of Your Certificate, the following services shall be covered without regard to any deductible, copayment or coinsurance requirements that would otherwise apply:

- (1) evidence-based items or services that have in effect a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force;
- (2) 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;
- (3) with respect to Covered Persons who are infants, children, and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration;
- (4) with respect to Covered Persons who are women, such additional preventive care and screenings not described in paragraph (1) as provided for in comprehensive guidelines supported by the Health Resources and Services Administration.

Extension of Coverage to Dependents

Notwithstanding the eligibility requirements described in the **General Eligibility and Coverage Provisions** section of Your Certificate, a child in Your family is eligible to become a Covered Person if the child: 1) is under age 26, and 2) is related to You by one of the relationships listed in the **Definitions** section under "**Covered Dependent**" of Your Certificate.

Right to Appeal

You have the right to appeal any decision or action by Us to deny, reduce, or terminate the provision of or payment for health care services requested or received under Your Certificate. When We have denied, reduced, or terminated a requested service or payment for a service covered by Your Certificate based on a judgment as to the medical necessity, appropriateness, health care setting, level of care, or effectiveness of the health care service, You have the right to have Our decision reviewed by an independent review organization not associated with Us.

We must provide You with certain written information, including the specific reason for Our decision and a description of Your appeal rights and procedures, every time We make a determination to deny, reduce or terminate the provision of or payment for health care services requested or received under Your Certificate.

Emergency Services

We shall cover Emergency Services without the need for any prior authorization determination and without regard as to whether the health care provider furnishing such services is a Participating Provider. Care provided by a Non-participating Provider will be paid at no greater cost to the Covered Person than if the services were provided by a Participating Provider.

Preexisting Condition Limitations

With respect to Covered Persons who are under 19 years of age, notwithstanding the Preexisting Condition Limitations described in the **Pre-Existing Conditions Limitation** section of Your Certificate, no health care service or treatment will be denied, limited, or excluded based on the fact that a medical condition was present before the effective date of Your Certificate, whether or not any medical advice, diagnosis, care, or treatment was recommended or received before that day.

With respect to Covered Persons who are under 19 years of age, any provision previously attached to the Certificate excluding coverage for a specific condition is removed and shall be considered null and void.

Questions/Contact Information

Questions regarding this Rider can be directed to:

Customer Service
United Security Life and Health Insurance Company
6640 S. Cicero Avenue, Third Floor
Bedford Park, IL 60638
Phone: (800) 875-4422

You may also contact the Arkansas Insurance Department at (800) 282-9134 or www.insurance.arkansas.gov.

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

IN WITNESS WHEREOF:

United Security Life and Health Insurance Company

Sandra J. Horn
President

SERFF Tracking Number: USLH-126834911 State: Arkansas
 Filing Company: United Security Life and Health Insurance State Tracking Number: 46915
 Company
 Company Tracking Number: PPACA (AR)
 TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001C Any Size Group - Other
 Product Name: Certified PPACA Compliance Filing
 Project Name/Number: Certified PPACA Compliance Filing/

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	10/11/2010

Comments:

Please find attached two flesch certifications; one for our Grandfathered Rider and one for our Non-Grandfathered Rider.

Attachments:

Flesch Certification (PPACA-GRAND-AR).pdf
 Flesch Certification (PPACA-NONGRAND-AR).pdf

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	10/11/2010
Bypass Reason:	Does not apply.		

Comments:

		Item Status:	Status Date:
Satisfied - Item:	PPACA Uniform Compliance Summary	Approved-Closed	10/11/2010

Comments:

Please find attached the completed PPACA Uniform Compliance Summary for this filing. Please note that the referenced page numbers are in reference to the Group Certificate Riders and not the Certificates themselves.

Attachment:

PPACA Uniform Compliance Summary (AR).pdf

		Item Status:	Status Date:
Satisfied - Item:	Cover Letter	Approved-Closed	10/11/2010

Comments:

Please find attached the cover letter with a detailed filing description for this filing.

Attachment:



UNITED SECURITY

LIFE AND HEALTH INSURANCE COMPANY

6640 S. Cicero Avenue, Bedford Park, Illinois 60638
(708) 475-6100 (800) 875-4422 Fax: (708) 475-6120

FLESCH CERTIFICATION

This is to certify that the attached Certificate Rider (PPACA-GRAND-AR) which amends all forms contained in the PPACA Certification of Compliance submitted under the "Supporting Documents" tab received a Flesch Reading Ease Score of 13.5. This form does not comply with the requirements of A.C.A. 23-80-206, but is in compliance with the requirements of A.C.A. 23-80-207 since it is warranted by the nature of a particular policy form.

Robert G. Dial
Vice President & Secretary

9/28/10

Date



UNITED SECURITY

LIFE AND HEALTH INSURANCE COMPANY

6640 S. Cicero Avenue, Bedford Park, Illinois 60638
(708) 475-6100 (800) 875-4422 Fax: (708) 475-6120

FLESCH CERTIFICATION

This is to certify that the attached Certificate Rider (PPACA-NONGRAND-AR) which amends all forms contained in the PPACA Certification of Compliance submitted under the "Supporting Documents" tab received a Flesch Reading Ease Score of 11.7. This form does not comply with the requirements of A.C.A. 23-80-206, but is in compliance with the requirements of A.C.A. 23-80-207 since it is warranted by the nature of a particular policy form.

Robert G. Dial
Vice President & Secretary

9/28/10

Date

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	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, please explain.</p>
	<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	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, please explain.</p>

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.

September 22, 2010

Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201

Re: **UNITED SECURITY LIFE AND HEALTH INSURANCE COMPANY**

FEIN #: 36-3692140	/	NAIC #: 81108
PPACA-GRAND-AR	/	PACA Grandfathered Group Certificate Rider
PPACA-NONGRAND-AR	/	PPACA Non-Grandfathered Group Certificate Rider

To Whom It May Concern:

Enclosed are the forms referenced above for your review and approval. These are new forms and do not replace any forms previously filed and approved by your Department.

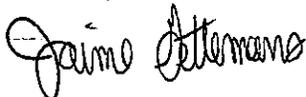
Please find enclosed two versions of the PPACA Endorsement Template; one for our Grandfathered Group Certificates and one for our Non-Grandfathered Group Certificates. These two amendments will affect our Group Certificates ABC-90, PROPLUS-98, ADVANTAGE-04, ABC-2008APXAR, ABC-2008ADCAR, and ABC-2008PRPAR.

Please note that the effective dates of these Riders are variable, dependent upon the date of issuance of the Policy. For policies issued prior to 03/23/2010, which are considered Grandfathered Policies, the issue date of the Grandfathered Rider will be 09/23/2010. For policies issued between 03/23/2010 and 09/22/2010, which are considered Non-Grandfathered Policies, the issue date of the Non-Grandfathered Rider will be the first renewal date after 09/23/2010. For policies issued on or after 09/23/2010, which are also considered Non-Grandfathered Policies, the issue date of the Non-Grandfathered Rider will be the date of issuance of the Policy.

Lastly, please also find enclosed the executed Certification of Compliance under the Supporting Documents tab.

Please direct any questions, correspondence, or approval to my attention concerning this filing. I look forward to your approval of these forms. You may reach me directly at (708) 552-2417.

Sincerely,



Jaime Gettemans
Compliance Department
United Security Life and Health Insurance Company
jaimegettemans@priscorp.net
Fax: (708) 552-2464

Quality Products from Caring Professionals

Exhibit B – Company Certification

State of Arkansas

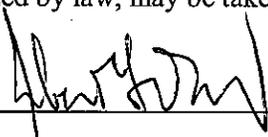
PPACA Certification of Compliance

Company: United Security Life and Health Insurance Company Company FEIN: 36-3692140

Company Filing Number: PPACA (AR)

I, Robert G. Dial, am a duly authorized officer of United Security Life and Health Insurance Company, and hereby certify that I am knowledgeable concerning requirements necessary to comply with federal PPACA and associated health care reform legislation, and that the policy forms contained herein, along with associated documents, conform with the Illinois Department's PPACA Endorsement Template contained in Exhibit A, and with the Illinois Department's Filing Directions contained within Exhibit C – Filing Directions. I further certify that this submission is complete and all materials required by the PPACA Endorsement Template.

I understand that the Arkansas Department of Insurance will rely on this Certification of Compliance for the policy forms listed, and should it subsequently be determined that the policy forms listed do not comply with Exhibit A or that this certification is false or incorrect; corrective and disciplinary action, including retroactive disapproval, as authorized by law, may be taken by the Department against the Company.

Signature of Corporate Officer: 

Name of Corporate Officer (typed or printed): Robert G. Dial

Title: Secretary Direct Telephone Number: (708) 475-6051

Date: 9/27/10

(This certification does not change an insurer's responsibility to comply with the Insurance Code. Failure to comply with all applicable provisions of the Code will cause an insurer to be subject to penalties ranging from suspension of authority to utilize the expedited process, discontinuation of authority to use of the form(s), examination, monetary penalties, or limitation revocation of their certificate of authority. Insurers should be aware that the assignment of such penalties will be liberal to ensure continued compliance with all Code requirements.)

Company: United Security Life and Health Insurance Company

Company FEIN: 36-3692140

Company Filing Number: PPACA (AR)

SERFF Filing Number (if applicable): USLH-126834911

(Please list all forms to which the filed endorsement will be applied.)

Form Number(s): <u>ABC-2008APXAR</u>	Form Title(s): <u>Unlimited Access Plan</u>
Form Number(s): <u>ABC-2008PRPAR</u>	Form Title(s): <u>Health Select PPO Plan</u>
Form Number(s): <u>ABC-2008ADCAR</u>	Form Title(s): <u>Healthy Savings HSA</u>
Form Number(s): <u>ABC-90</u>	Form Title(s): <u>Apex</u>
Form Number(s): <u>ADVANTAGE-04</u>	Form Title(s): <u>Advantage Care</u>
Form Number(s): <u>PROPLUS-98</u>	Form Title(s): <u>Protector</u>
Form Number(s): <u>PROHDHP-2008</u>	Form Title(s): <u>High Deductible Health Plan</u>
Form Number(s): <u>WELL-BNFT</u>	Form Title(s): <u>Wellness Services</u> <u>Certificate Amendment</u>
Form Number(s): <u>AR (12/05)</u>	Form Title(s): <u>Appeal/Grievance Process</u>
Form Number(s): <u>TMJ-AR</u>	Form Title(s): <u>Temporomandibular and</u> <u>Craniomandibular Joint</u> <u>Dysfunction Certificate</u> <u>Amendment</u>
Form Number(s): <u>ABC-2008-MENTNERV-AR</u>	Form Title(s): <u>Mental Nervous and Developmtl.</u> <u>Certificate Amendment</u>
Form Number(s): <u>ABC-2008-HOSPICE-AR</u>	Form Title(s): <u>Hospice Care Services</u> <u>Certificate Amendment</u>
Form Number(s): <u>SPCHHEAR-2008AR</u>	Form Title(s): <u>Loss or Impairment of Speech or</u> <u>Hearing (New Plans) Certificate</u> <u>Amendment</u>
Form Number(s): <u>ABC-90-ARK-END</u>	Form Title(s): <u>State Specific Language</u> <u>(Various) Certificate</u> <u>Amendment</u>

Form Number(s): <u>GP-ABC-90-CERT-AR</u>	Form Title(s): <u>State Specific Language</u> <u>(Eligible Expenses)</u> <u>Certificate Amendment</u>
Form Number(s): <u>GP-ABC-90-RANDC-ARK</u>	Form Title(s): <u>Reasonable and Customary</u> <u>Certificate Amendment</u>
Form Number(s): <u>INCBEN 96</u>	Form Title(s): <u>Increased Benefits Certificate</u> <u>Amendment</u>
Form Number(s): <u>WCR-90</u>	Form Title(s): <u>Optional 24 Hour Coverage</u> <u>Certificate Amendment</u>
Form Number(s): <u>PROPLUS-98-EAS-AR</u>	Form Title(s): <u>Air Ambulance Certificate</u> <u>Amendment</u>
Form Number(s): <u>GP-ABC-90-DANDC-AR</u>	Form Title(s): <u>Deductible and Coinsurance</u> <u>Certificate Amendment</u>
Form Number(s): <u>ARKPREV-96</u>	Form Title(s): <u>Children's Preventative</u> <u>Health Care Policy</u> <u>Amendment</u>
Form Number(s): <u>No Form Number</u>	Form Title(s): <u>Optional Healthy Lifestyle</u> <u>Certificate Amendment</u>
Form Number(s): <u>SPCHIHEAR-ABC-90-AR</u>	Form Title(s): <u>Loss or Impairment of Speech or</u> <u>Hearing (Old Plans)</u> <u>Certificate Amendment</u>
Form Number(s): <u>PPCOPAY</u>	Form Title(s): <u>Optional In-Network Physician's</u> <u>Office Copayment Certificate</u> <u>Amendment</u>
Form Number(s): <u>PRODRUG-98</u>	Form Title(s): <u>Prescription Drug Card</u> <u>Certificate Amendment</u>
Form Number(s): <u>PROMAT-3ARK</u>	Form Title(s): <u>Optional Maternity Care (Option</u> <u>3) Certificate Amendment</u>
Form Number(s): <u>SPCHIHEAR-ADVANTAGE-04-AR</u>	Form Title(s): <u>Loss or Impairment of Speech or</u> <u>Hearing (Advantage 04)</u> <u>Certificate Amendment</u>