

SERFF Tracking Number: AMRP-126865477 State: Arkansas  
Filing Company: World Insurance Company State Tracking Number: 47084  
Company Tracking Number: M1394W-AR (9-10)  
TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005C Individual - Other  
Product Name: WIC PPACA Grandfathered Endorsement - Individual  
Project Name/Number: M1394W-AR (9-10)/M1394W-AR (9-10)

## Filing at a Glance

Company: World Insurance Company

Product Name: WIC PPACA Grandfathered  
Endorsement - Individual

TOI: H16I Individual Health - Major Medical

Sub-TOI: H16I.005C Individual - Other

Filing Type: Form

SERFF Tr Num: AMRP-126865477 State: Arkansas

SERFF Status: Closed-Approved-  
Closed State Tr Num: 47084

Co Tr Num: M1394W-AR (9-10)

State Status: Approved-Closed

Reviewer(s): Rosalind Minor

Authors: Susan Falk, Sarah Shives, Disposition Date: 11/08/2010

Jamie Mueller, Michele Kulish

Danielson, Colletta Maddy

Date Submitted: 10/19/2010

Disposition Status: Approved-  
Closed

Implementation Date:

Implementation Date Requested:

State Filing Description:

## General Information

Project Name: M1394W-AR (9-10)

Project Number: M1394W-AR (9-10)

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 11/08/2010

Status of Filing in Domicile: Authorized

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: 11/08/2010

Created By: Sarah Shives

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Sarah Shives

PPACA: Grandfathered Immed Mkt Reforms

Filing Description:

Please see Cover Letter under Supporting Documentation tab.

## Company and Contact

### Filing Contact Information

*SERFF Tracking Number:* AMRP-126865477      *State:* Arkansas  
*Filing Company:* World Insurance Company      *State Tracking Number:* 47084  
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Sarah Shives,      sarah.shives@americanenterprise.com  
 601 6th Ave.      515-245-2083 [Phone]  
 Des Moines, IA 50309

**Filing Company Information**

World Insurance Company	CoCode: 70629	State of Domicile: Nebraska
11808 Grant Street	Group Code: 3527	Company Type: Life and Health
Omaha, NE 68103-8000	Group Name: American Enterprise	State ID Number:
(402) 496-8289 ext. [Phone]	FEIN Number: 47-0339860	

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**Filing Fees**

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	\$50 per form.
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
World Insurance Company	\$50.00	10/19/2010	40894374

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	11/08/2010	11/08/2010

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## **Disposition**

Disposition Date: 11/08/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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<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>	Cover Letter	Approved-Closed	Yes
<b>Form</b>	PPACA Grandfathered Endorsement	Approved-Closed	Yes

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## Form Schedule

### Lead Form Number: M1394W-AR (9-10)

Schedule Item	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 11/08/2010	M1394W-AR (9-10)	Policy/Cont ract/Fraternal Grandfathered Endorsement Certificate: Amendment, Insert Page, Endorsement or Rider	Initial		49.100	M1394W-AR_9-10_WIC Grandfathered Individual Endorsement.pdf



## **PATIENT PROTECTION AND AFFORDABLE CARE ACT OF 2010 Grandfathered Individual Policy Endorsement**

This endorsement is made a part of the Policy to which it is attached.

### **PATIENT PROTECTION AND AFFORDABLE CARE ACT OF 2010**

Effective January 1, 2011, some of the benefits, terms conditions, limitations, and exclusions contained in Your Policy will change as a result of the Patient Protection and Affordable Care Act of 2010, as may be amended by future federal regulations. Notwithstanding any other provision of Your Policy, the provisions below shall apply. Except as modified below, all conditions and limitations of the policy apply. State laws continue to apply except to the extent that the state law prevents application of federal health care reform.

The definitions of "Essential Health Benefits" and "Patient Protection and Affordable Care Act" have been added to the Definitions section, as follows:

**Essential Health Benefits:** Benefits covered under the Policy in 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 thereto.

**Patient Protection and Affordable Care Act of 2010:** 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).

The following provisions have been added under the Benefit Provisions:

#### **Lifetime Dollar Limits**

Essential Health Benefits, provided within Your Policy are not subject to lifetime dollar maximum(s).

#### **Rescissions**

1. 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;

2. We reserve the right to reform your coverage under this Policy in the event of fraud or intentional misrepresentation by you or your representative including, but not limited to, fraud or intentional misrepresentation related to any of the following:
  - a. Applying for coverage, including the initial qualification for coverage or any subsequent requalification;
  - b. Telephone verification of submitted information;
  - c. The filing or processing of a claim; or
  - d. Any other similar process or procedure.
3. In the absence of fraud, all statements made by you will be deemed representations and not warranties. No such statement will be used to deny a claim or reduce benefits unless it is stated in the Application for coverage.

**Extension of Coverage to Dependents**

If your health Policy includes coverage for dependent children, your child is covered to age 26 regardless if the child is:

1. Married;
2. A tax dependent;
3. A student;
4. Employed;
5. Eligible for other coverage through employment ; or
6. Residing with or receives financial support from you.

This endorsement is effective on or after January 1, 2011. All other provisions of the coverage to which this Endorsement is attached remain unchanged.



Mary K. Durand  
Secretary

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## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification	Approved-Closed	11/08/2010
<b>Comments:</b>		
<b>Attachment:</b>		
World Flesch Score Certification - AR - Individual.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Application	Approved-Closed	11/08/2010
<b>Bypass Reason:</b> Not applicable.		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Health - Actuarial Justification	Approved-Closed	11/08/2010
<b>Bypass Reason:</b> Not applicable.		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Outline of Coverage	Approved-Closed	11/08/2010
<b>Bypass Reason:</b> Not applicable		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> PPACA Uniform Compliance Summary	Approved-Closed	11/08/2010
<b>Comments:</b>		
<b>Attachment:</b>		
PPACA Compliance Summary - AR - WIC - Individual.pdf		

SERFF Tracking Number: AMRP-126865477 State: Arkansas  
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**Item Status:**

**Status**

**Date:**

**Satisfied - Item:** Cover Letter

Approved-Closed

11/08/2010

**Comments:**

**Attachment:**

WIC Cover Letter Grandfathered - AR - Individual.pdf



**READABILITY CERTIFICATION  
FLESCH SCORE**

<u>FORM NUMBER</u>	<u>FLESCH SCORE</u>
M1394W-AR (9-10)	49.1

THIS FLESCH READING EASE SCORE WAS BASED ON THE ENTIRE TEXT OF THE FORM(S).

I CERTIFY THAT THE FORMS SHOWN ABOVE ACHIEVED THE SCORES INDICATED.

A handwritten signature in blue ink that reads 'Michael C Fitzgerald'. The signature is fluid and cursive, with a long horizontal stroke at the end.

Michael C Fitzgerald  
Vice President & General Counsel  
World Insurance Company

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

## 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"/> 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>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"/> 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>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 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>	<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 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.



October 19, 2010

Hon. Julie Benefield Bowman, Commissioner of Insurance  
Insurance Division  
1200 W. Third St.  
Little Rock, AR 72201-1904

Re: World Insurance Company  
NAIC No. 70629  
Grandfathered Plans Endorsement Rider M1394W-AR (9-10)

We are enclosing the above referenced endorsement for your Department's review. This form is new and does not replace any form currently on file with your department. The form is being filed for general use with all approved policy series. It does not replace previously approved form number M1370W-AR (7-10).

This form is being filed to comply with the insurance reforms in accordance with the Patient Protection and Affordable Care Act of 2010.

Endorsement M1394W-AR (9-10) includes those requirements applicable to grandfathered plans as enacted in the Patient Protection and Affordable Care Act of 2010.

We have included in this submission:

- Certificate of Readability
- PPACA Uniform Compliance Summary.

Your earliest acknowledgement of this filing would be appreciated. If you have any questions or comments, please contact me. I can be reached at our toll-free number, 1-800-247-2190, ext 2083, or you can email me at [sarah.shives@americanenterprise.com](mailto:sarah.shives@americanenterprise.com).

Sincerely,

A handwritten signature in cursive script that reads 'Sarah A Shives'.

Sarah Shives  
Compliance Analyst  
World Insurance Company