

SERFF Tracking Number: HUMA-126879691 State: Arkansas
Filing Company: Humana Insurance Company State Tracking Number: 47249
Company Tracking Number: AR-10-014-H1
TOI: H16G Group Health - Major Medical Sub-TOI: H16G.004 Short Term
Product Name: STM MAINT Rider
Project Name/Number: /

Filing at a Glance

Company: Humana Insurance Company
Product Name: STM MAINT Rider
TOI: H16G Group Health - Major Medical

SERFF Tr Num: HUMA-126879691 State: Arkansas
SERFF Status: Closed-Approved- State Tr Num: 47249
Closed

Sub-TOI: H16G.004 Short Term
Filing Type: Form

Co Tr Num: AR-10-014-H1 State Status: Approved-Closed
Reviewer(s): Rosalind Minor
Author: Latunia Riley Disposition Date: 11/16/2010
Date Submitted: 11/08/2010 Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval
State Filing Description:

Implementation Date:

General Information

Project Name:
Project Number:
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 11/16/2010

Status of Filing in Domicile:
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Group
Group Market Size: Small and Large
Group Market Type: Association
Explanation for Other Group Market Type:
State Status Changed: 11/16/2010
Created By: Latunia Riley
Corresponding Filing Tracking Number:

Deemer Date:
Submitted By: Latunia Riley
Filing Description:
New Maint Filing

Company and Contact

Filing Contact Information

Latunia Riley, Contract Analyst
2 Riverwood Place
W24133 Riverwood Dr.
Suite 250

lriley2@humana.com
262-951-2617 [Phone]

SERFF Tracking Number: HUMA-126879691 State: Arkansas
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 TOI: H16G Group Health - Major Medical Sub-TOI: H16G.004 Short Term
 Product Name: STM MAINT Rider
 Project Name/Number: /

Waukesha, WI 53188

Filing Company Information

Humana Insurance Company	CoCode: 73288	State of Domicile: Wisconsin
1100 Employers Boulevard	Group Code: 119	Company Type: Life & Health
Green Bay, WI 54344	Group Name:	State ID Number:
(800) 558-4444 ext. [Phone]	FEIN Number: 39-1263473	

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Humana Insurance Company	\$50.00	11/08/2010	41627301

SERFF Tracking Number: HUMA-126879691 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	11/16/2010	11/16/2010

SERFF Tracking Number: HUMA-126879691 State: Arkansas
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Disposition

Disposition Date: 11/16/2010

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	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Supporting Document	Cover Letter	Approved-Closed	Yes
Supporting Document	Transmittal Document	Approved-Closed	Yes
Form	Shared savings program	Approved-Closed	Yes

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Form Schedule

Lead Form Number: GN-70155 SS 7/2010

Schedule Item	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved- Closed 11/16/2010	GN-70155 SS 7/2010	Policy/Cont Shared savings ract/Fratern program al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		41.300	Certificate Rider.Shared Savings.pdf

CERTIFICATE RIDER

HUMANA INSURANCE COMPANY

[*Policyholder*: [ABC Association]]

[*Primary Insured*: [John Doe]]

[*Certificate Number*: [xxxxx]]

[*Effective Date*: [xx/xx/xxxx]]

This rider is attached to and made part of the *Certificate* to which it is attached. Except as modified below, all *Certificate* terms, conditions, exclusions and limitations apply.

The following is hereby added:

Shared savings program

As a member of a Preferred Provider Organization Plan, *you* are free to obtain *services* from providers participating in the Preferred Provider Organization network (*network providers*), or providers not participating in the Preferred Provider Organization network (*non-network providers*). If *you* choose a *network provider*, *your* out-of-pocket expenses are normally lower than if *you* choose a *non-network provider*.

We have a Shared Savings Program that may allow *you* to share in discounts we have obtained from *non-network providers*.

Although *our* goal is to obtain discounts whenever possible, we cannot guarantee that *services* rendered by *non-network providers* will be discounted. The *non-network provider* discounts in the Shared Savings Program may not be as favorable as *network provider* discounts.

In most cases, to maximize *your* benefit design and minimize *your* out-of-pocket expense, please access *network providers* associated with *your* plan.

If *you* choose to obtain *services* from a *non-network provider*, it is not necessary for *you* to inquire about a provider's status in advance. When processing *your* claim, we will automatically determine if that provider is participating in the Shared Savings Program and calculate *your deductible* and *coinsurance* on the discounted amount. *Your* Explanation of Benefits statement will reflect any savings with a remark code used to reference the Shared Savings Program.

However, if *you* would like to inquire in advance to determine if a *non-network provider* participates in the Shared Savings Program, please call the telephone number on your *ID card*. Please note provider arrangements in the Shared Savings Program are subject to change without notice. We cannot guarantee that the provider from whom *you* received treatment is still participating in the Shared Savings Program at the time treatment is received. Discounts are dependent upon availability and cannot be guaranteed.

CERTIFICATE RIDER

We reserve the right to modify, amend or discontinue the Shared Savings Program at any time.

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

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State: Arkansas

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Sub-TOI: H16G.004 Short Term

Product Name: STM MAINT Rider

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: Certificate of Readability.pdf	Approved-Closed	11/16/2010

	Item Status:	Status Date:
Bypassed - Item: Application Bypass Reason: Not applicable Comments:	Approved-Closed	11/16/2010

	Item Status:	Status Date:
Bypassed - Item: PPACA Uniform Compliance Summary Bypass Reason: Not applicable Comments:	Approved-Closed	11/16/2010

	Item Status:	Status Date:
Satisfied - Item: Cover Letter Comments: Attachment: Filing Cover Letter.pdf	Approved-Closed	11/16/2010

	Item Status:	Status Date:
Satisfied - Item: Transmittal Document Comments: Attachment:	Approved-Closed	11/16/2010

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Arkansas NAIC Transmittal Document.pdf

HUMANA INSURANCE COMPANY

CERTIFICATION

RE: GN-70155 SS 7/2010

I hereby certify, to the best of my knowledge and belief, that the enclosed form(s) comply(ies) with the requirements of Arkansas Insurance Code 23-80-206.

Form Number(s)
GN-70155 SS 7/2010

Flesch Test Reading Ease Score
41.3



Signed by: _____

Steve DeRaleau
Vice President

Date: November 8, 2010

November 8, 2010

Life and Health Division
Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201

**RE: Humana Insurance Company
Group Health Form Filing
Rider: GN-70155 SS 7/2010
NAIC #73288
FEIN #39-1263473**

Dear Sir/Madam:

We are enclosing the above-referenced form for your review and approval. This form is new and will not replace any previously filed or approved forms. This form is being filed for general use with all approved certificate series.

The language in the rider may be incorporated into the body of the certificate when issued.

Included with this submission are:

- Readability Certification; and
- NAIC Transmittal Document.

If you have any questions regarding this filing, please contact me by phone at 1-800-289-0260, extension 2617, by fax at 920-632-0029 or by e-mail at lriley2@humana.com.

Sincerely,
Humana Insurance Company

Latunia Riley

Latunia Riley
Contract Analyst

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	
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2.	Department Use Only
	State Tracking ID

3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address

5.	Requested Filing Mode	<input type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____
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6.	Company Tracking Number	
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7.	<input type="checkbox"/> New Submission <input type="checkbox"/> Resubmission	Previous file # _____
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8.	Market	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise	
		Group	<input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____

9.	Type of Insurance	
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10.	Product Coding Matrix Filing Code	
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11.	Submitted Documents	<p><input type="checkbox"/> FORMS</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Policy</td> <td><input type="checkbox"/> Outline of Coverage</td> <td><input type="checkbox"/> Certificate</td> </tr> <tr> <td><input type="checkbox"/> Application/Enrollment</td> <td><input type="checkbox"/> Rider/Endorsement</td> <td><input type="checkbox"/> Advertising</td> </tr> <tr> <td><input type="checkbox"/> Schedule of Benefits</td> <td><input type="checkbox"/> Other</td> <td></td> </tr> </table> <p>Rates</p> <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate	<input type="checkbox"/> Policy	<input type="checkbox"/> Outline of Coverage	<input type="checkbox"/> Certificate	<input type="checkbox"/> Application/Enrollment	<input type="checkbox"/> Rider/Endorsement	<input type="checkbox"/> Advertising	<input type="checkbox"/> Schedule of Benefits	<input type="checkbox"/> Other		
<input type="checkbox"/> Policy	<input type="checkbox"/> Outline of Coverage	<input type="checkbox"/> Certificate										
<input type="checkbox"/> Application/Enrollment	<input type="checkbox"/> Rider/Endorsement	<input type="checkbox"/> Advertising										
<input type="checkbox"/> Schedule of Benefits	<input type="checkbox"/> Other											
		<input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____										
		<p>SUPPORTING DOCUMENTATION</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Articles of Incorporation</td> <td><input type="checkbox"/> Third Party Authorization</td> </tr> <tr> <td><input type="checkbox"/> Association Bylaws</td> <td><input type="checkbox"/> Trust Agreements</td> </tr> <tr> <td><input type="checkbox"/> Statement of Variability</td> <td><input type="checkbox"/> Certifications</td> </tr> <tr> <td><input type="checkbox"/> Actuarial Memorandum</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table>	<input type="checkbox"/> Articles of Incorporation	<input type="checkbox"/> Third Party Authorization	<input type="checkbox"/> Association Bylaws	<input type="checkbox"/> Trust Agreements	<input type="checkbox"/> Statement of Variability	<input type="checkbox"/> Certifications	<input type="checkbox"/> Actuarial Memorandum		<input type="checkbox"/> Other _____	
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<input type="checkbox"/> Association Bylaws	<input type="checkbox"/> Trust Agreements											
<input type="checkbox"/> Statement of Variability	<input type="checkbox"/> Certifications											
<input type="checkbox"/> Actuarial Memorandum												
<input type="checkbox"/> Other _____												

17.	Form Filing Attachment
This filing transmittal is part of company tracking number	
This filing corresponds to rate filing company tracking number	

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

LH FFA-1

18.		Rate Filing Attachment		
This filing transmittal is part of company tracking number				
This filing corresponds to form filing company tracking number				
Overall percentage rate indication (when applicable)				
Overall percentage rate impact for this filing		%		
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
01			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	

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