

SERFF Tracking Number: NGLI-126918540 State: Arkansas  
Filing Company: National Guardian Life Insurance Company State Tracking Number: 47382  
Company Tracking Number: NGLVI-SAFE-2010  
TOI: H20G Group Health - Vision Sub-TOI: H20G.000 Health - Vision  
Product Name: NGLVI-SAFE-2010 Safety Eyewear Rider  
Project Name/Number: NGLVI-SAFE-2010 Safety Eyewear Rider/

## Filing at a Glance

Company: National Guardian Life Insurance Company

Product Name: NGLVI-SAFE-2010 Safety Eyewear Rider SERFF Tr Num: NGLI-126918540 State: Arkansas

Eyewear Rider

TOI: H20G Group Health - Vision SERFF Status: Closed-Approved- State Tr Num: 47382  
Closed

Sub-TOI: H20G.000 Health - Vision Co Tr Num: NGLVI-SAFE-2010 State Status: Approved-Closed

Filing Type: Form Reviewer(s): Rosalind Minor

Authors: Peggy Kratz, Julie Coombe Disposition Date: 11/24/2010

Coombe

Date Submitted: 11/23/2010 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: NGLVI-SAFE-2010 Safety Eyewear Rider

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 11/24/2010

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Group Market Type: Employer, Association

Explanation for Other Group Market Type:

State Status Changed: 11/24/2010

Created By: Julie Coombe

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Julie Coombe

Filing Description:

Dear Commissioner/Director:

The attached rider is new and is not intended to replace any previously approved forms. It is offered at the policyholder level as an additional benefit under their group vision policy.

The enclosed rider will be offered with previously approved group vision product (NVIGRP 5/07, et al) which was approved by your Department on August 16, 2007.

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This rider is designed to offer vision care benefits to employees and members of employer groups, unions, or associations. Benefits include coverage for safety glasses eye exams, safety lenses, and safety frames. These benefits are only applicable to the employee.

Your approval of this form would be greatly appreciated. Please contact me at the number or email address provided if you have any questions or concerns.

Sincerely,

Julie Coombe  
 Policy Forms Specialist – Group Markets

**Company and Contact**

**Filing Contact Information**

Julie Coombe, jacoombe@nglic.com  
 2 E. Gilman Street 608-443-5317 [Phone]  
 Madison, WI 53701-1191

**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	

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**Filing Fees**

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: 1 rider @ \$50 per rider  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
National Guardian Life Insurance Company	\$50.00	11/23/2010	42258562

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	11/24/2010	11/24/2010

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## **Disposition**

Disposition Date: 11/24/2010

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>	Statement of Variability	Approved-Closed	Yes
<b>Form</b>	Safety Glasses Rider	Approved-Closed	Yes

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## Form Schedule

### Lead Form Number: NGLVI-SAFE-2010

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 11/24/2010	NGLVI-SAFE-2010	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Safety Glasses Rider Initial			51.500	NGLVI-SAFE-2010.pdf



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

Administrator: AlwaysCare Benefits, Inc.  
 8485 Goodwood Blvd., PO Box 98100  
 Baton Rouge, LA 70806-7878

**SAFETY GLASSES RIDER**

Attached to and made part of this Policyholder’s Group [Vision] Policy and Certificate of Insurance issued under such Policy. It is hereby agreed that the Policy and Certificate are amended by adding the benefit provisions as defined below:

**This Rider Covers:** [Employees who are insured under the [Vision] Policy.]

**Effective Date:** This Rider is effective on [Month, Day, Year].

**Termination Date:** Coverage for Insured under the Rider stops on the same date as coverage stops under the Policy/Certificate to which it is attached.

In addition to the coverage provided by this plan for standard lenses and frames, we cover safety glasses subject to the following specifications:

**[Safety Glasses Eye Exam:** We cover charges for a supplemental eye exam for safety glasses. If the exam is received from a participating provider, we cover such charges in full in excess of this plan’s safety eye exam copay, if any.]

**[Safety Lenses:** We cover charges for the necessary corrective polycarbonate , single vision, bifocal, trifocal or standard progressive lenses. The frames and lenses must be tested and certified as safe for the work environment according to current American National Standards Institute (ANSI) standards for Basic or High Impact performance. A minimum prescription change of +/- .38 diopter is required.]

**[Safety Frames:** We cover charges for standard safety frames collections approved by Us.]

<b>FREQUENCY OF SAFETY GLASSES SERVICES</b>	
<b>Your Certificate is on a Rolling Benefit Plan Basis</b>	
<b>Safety Glasses Eye Exam:</b>	<b>Once every [Not covered/12/24] Months</b>
<b>Safety Lenses:</b>	<b>Once every [12/24] Months</b>
<b>Safety Frames:</b>	<b>Once every [12/24] Months</b>

**CO-PAY (PER INSURED)**

	Participating Safety Providers	Out-of-Network Providers
Safety Glasses Eye Exam:	[Not covered/ \$10]	[Not covered]
Safety Lenses:	[\$0/\$25]	[Not covered]
Safety Frames with side shields:	[\$0/\$25]	[Not covered]

## BENEFITS AND ALLOWANCES

	Participating Safety Providers	Out-of-Network Providers
[Safety Glasses Eye Exam: By Ophthalmologist	[Not covered /Covered in full]	[Not covered]
By Optometrist	[Not covered / Covered in full]	[Not covered]
Materials- Safety Lenses		
Single Vision	[Covered in full]	[Not covered]
Bifocals	[Covered in full]	[Not covered]
Standard Progressives	[Covered in full]	[Not covered]
Trifocals	[Covered in full]	[Not covered]
Materials – Safety Frames with side shields:	[Approved Safety Collection frames covered in full (\$27 retail allowance at Wal-Mart Vision Centers)]	[Not covered]]

You are responsible for the cost of any frame upgrades and lens add-ons.

Where an “Allowance” is shown, You are responsible for paying any charges in excess of the Allowance. Plan is not responsible for any sales tax.

### Exclusions

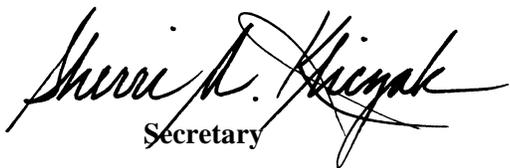
We do not cover:

- Safety glasses for covered dependents;
- Dress-wear lenses instead of safety materials;
- Rimless lenses; or
- Expenses associated with securing materials such as lenses and frames.
- Plano lens

We do not coordinate benefits for safety glasses.

This rider is subject to all terms, conditions and provisions of the Policy/Certificate that are not inconsistent with it. Except as stated in this rider, nothing contained in this rider changes or affects any other terms of the Policy/Certificate.

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

  
Secretary

  
President

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## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification <b>Comments:</b> <b>Attachment:</b> AR CERTIFICATION OF READABILITY.pdf	Approved-Closed	11/24/2010

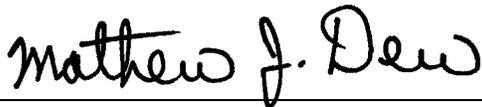
	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Application <b>Bypass Reason:</b> N/A - Not a policy <b>Comments:</b>	Approved-Closed	11/24/2010

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Statement of Variability <b>Comments:</b> <b>Attachment:</b> Statement Of Variabilty.pdf	Approved-Closed	11/24/2010

## CERTIFICATION OF READABILITY

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

Forms	Flesch Scores
NGLVI-SAFE-2010	51.5



Signature

November 23, 2010

Date

**Mathew J. Dew**

Vice-President and General Counsel  
National Guardian Life Insurance Company

**GROUP VISION PRODUCT – SAFETY GLASSES RIDER – Form NGLVI-SAFE-2010  
STATEMENT OF VARIABILITY**

The variable text contained in this rider may be modified as follows:

The information on the Schedule will be completed with information specific to the group issued, i.e., type of coverage, who the rider covers and the effective date and termination date.

**Section I – Safety Glasses Eye Exam**

This section may be removed entirely.

**Section II – Safety Lenses**

This section may be removed entirely or modified for type of lens, changes in safety standards, or minimum prescription.

**Section III – Safety Frames**

This section may be removed entirely or modified for frame collection.

**Section IV – Frequency of Safety Glasses Services**

The safety glasses eye exam may or may not be covered. If covered, it will be offered either every 12 or every 24 months.

Safety lenses coverage will be offered either every 12 or every 24 months.

Safety frames coverage will be offered either every 12 or every 24 months.

**Section V – Co-Pay (Per Insured)**

There is currently no Out-of-Network coverage for this rider, but there may be in the future. Co-pays for Participating Safety Providers are as follows:

The safety glass eye exam may or may not be covered. If covered, the co-pay will be \$0 to \$10.

The co-pay for safety lenses will be \$0 to \$25.

The co-pay for safety frames will be \$0 to \$25.

**Section VI – Benefits and Allowances**

There is currently no Out-of-Network coverage for this rider, but there may be in the future. Benefits and Allowances for Participating Safety Providers are as follows:

The safety glass eye exam may or may not be covered. If covered, the benefit is covered in full after co-pay.

The benefits for safety lenses are covered in full after co-pay.

The benefits for safety frames from the Approved Safety Collection are covered in full after co-pay. Retail allowance at Wal-Mart may vary.