

SERFF Tracking Number: ASWX-G126939971 State: Arkansas
 Filing Company: Time Insurance Company State Tracking Number: 47527
 Company Tracking Number: G126939971
 TOI: H15G Group Health - Hospital/Surgical/Medical Sub-TOI: H15G.001 Any Size Group
 Expense
 Product Name: HSP Confine/Surgical Fixed Indemnity
 Project Name/Number: HSP Confine/Surgical Fixed Indemnity/AR01237FI00010

Filing at a Glance

Company: Time Insurance Company

Product Name: HSP Confine/Surgical Fixed Indemnity

TOI: H15G Group Health -

Hospital/Surgical/Medical Expense

Sub-TOI: H15G.001 Any Size Group

Filing Type: Form

SERFF Tr Num: ASWX-G126939971

SERFF Status: Closed-Approved-Closed

Co Tr Num: G126939971

Author: SPI

AssurantHealthandEmployeeBenef

Date Submitted: 12/14/2010

State: Arkansas

State Tr Num: 47527

State Status: Approved-Closed

Reviewer(s): Rosalind Minor

Disposition Date: 12/16/2010

Disposition Status: Approved-Closed

Implementation Date:

Implementation Date Requested: 01/01/2011

State Filing Description:

General Information

Project Name: HSP Confine/Surgical Fixed Indemnity

Project Number: AR01237FI00010

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 12/16/2010

Deemer Date:

Submitted By: SPI AssurantHealthandEmployeeBenef

PPACA: Not PPACA-Related

Filing Description:

This filing contains revisions to the Surgical Services Benefit in the Benefit Schedule. Our claims experience with this plan shows that many of the surgeries for which we pay benefits fall into the Surgical Event - Not Otherwise Listed category, which is scheduled at a \$100 fixed benefit. Therefore, we revised the Benefit Schedule to increase the fixed

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments: Not required by the State of Wisconsin.

Market Type:

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 12/16/2010

Created By: SPI

AssurantHealthandEmployeeBenef

Corresponding Filing Tracking Number:

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benefit for surgeries that are not specifically listed in the Surgical Schedule. The new fixed benefit amount will equal the 2010 Non-Facility Pricing Amount of the Medicare National Physician's Fee Schedule released on June 24, 2010.

Company and Contact

Filing Contact Information

Christine Fleming, Senior Contract Compliance christine.fleming@assurant.com

Analyst

501 W. Michigan St.

414-299-1306 [Phone] 1306 [Ext]

Milwaukee, WI 53203

414-299-6168 [FAX]

Filing Company Information

Time Insurance Company

CoCode: 69477

State of Domicile: Wisconsin

501 W. Michigan St.

Group Code: 19

Company Type:

Milwaukee, WI 53203

Group Name:

State ID Number:

(800) 800-1212 ext. [Phone]

FEIN Number: 39-0658730

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Time Insurance Company	\$50.00	12/14/2010	42908665

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	12/16/2010	12/16/2010

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Disposition

Disposition Date: 12/16/2010

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	Application	Approved-Closed	Yes
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Supporting Document	Cover Letter	Approved-Closed	Yes
Supporting Document	Marked Benefit Summary	Approved-Closed	Yes
Supporting Document	Statement of Variability	Approved-Closed	Yes
Supporting Document	AR - SERFF ONLY - FILING AT A GLANCE	Approved-Closed	Yes
Form	Benefit Schedule	Approved-Closed	Yes

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Form Schedule

Lead Form Number: 292.BNS.001.XX

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 12/16/2010	292.BNS.001.XX	Schedule Pages	Benefit Schedule	Initial		0.000	Generic TIC IM Association 292 Benefit Schedule - variable [XX] benefits v_12-10 (Final).PDF

BENEFIT SCHEDULE
Limited Hospital Confinement and Other Fixed Indemnity Benefits

Date of this Benefit Schedule: [XX/XX/XXXX]

THIS BENEFIT SCHEDULE CONTAINS LIMITED INFORMATION ABOUT YOUR PLAN. IN ADDITION, THE PLAN HAS LIMITED BENEFITS AND ANNUAL MAXIMUMS. PLEASE READ YOUR CERTIFICATE CAREFULLY TO UNDERSTAND PLAN LIMITATIONS. REVIEW THIS BENEFIT SCHEDULE FOR INFORMATION ON WHAT BENEFITS ARE PROVIDED.

Benefits will be paid for hospital confinement and medical Covered Events Incurred while this plan is in force. Payment of benefits is subject to all the terms, limits and conditions in the plan.

Policyholder, Certificate Holder and Plan Information	
Policyholder:	[ABC Association]
Certificate Holder:	[Name] Effective Date: [XX/XX/XXXX] [Address/City/State/Zip]
Covered Dependents:	[Spouse's Name] [Effective Date: [XX/XX/XXXX]] [Dependent Child's Name] [Effective Date: [XX/XX/XXXX]] [Dependent Child's Name] [Effective Date: [XX/XX/XXXX]]
Certificate Number:	[XXXXXXXX]
Initial Annual Premium:	[\$XXX.XX]
Initial Payment Option Mode:	[Monthly]
Initial Modal Premium:	[\$XXX.XX]
Hospital Confinement and Other Fixed Indemnity Benefits	
We will pay the Scheduled Benefit shown below only for the Covered Events listed in the Hospital Confinement and Other Fixed Indemnity Benefits section of the plan.	
[[Maximum Lifetime Benefit:]]	[\$XXX,XXX] – All benefit payments apply to the Maximum Lifetime Benefit unless otherwise indicated.]
[Benefit Waiting Period for Sickness:	Events caused by or related to Sickness are eligible for benefits under this plan only if the hospital confinement or medical event occurs after the first [2-180] calendar days from the Effective Date. There is no waiting period on events due to Injury.]
[Initial Hospitalization Benefit	<ul style="list-style-type: none"> • [Benefit Waiting Period for Sickness: [2-180] days from the Effective Date.] • Scheduled Benefit per Confinement Period[for Sickness]: \$[XX] • [Scheduled Benefit per Confinement Period for Injury: \$[XX]] • The Maximum Benefit is one (1) Initial Hospitalization Benefit per Calendar Year, per Covered Person.]
[Inpatient Hospital Confinement	• [Benefit Waiting Period for Sickness: [2-180] days from the

Benefits:	<p>Effective Date.]</p> <ul style="list-style-type: none"> • Scheduled Benefit per day of a Confinement Period due to Sickness: \$[XXXX] • Scheduled Benefit per day of a Confinement Period due to Injury: \$[XXXX] • If treated for both a Sickness and an Injury during a Confinement Period, only the Injury benefit above will be paid. • All Inpatient Hospital Confinement Benefits are limited to a Maximum Benefit of \$[XXX,XXX][[X] days] per Calendar Year, per Covered Person.] 														
[Rehabilitation Unit Confinement Benefits	<ul style="list-style-type: none"> • [Benefit Waiting Period for Sickness: [2-180] days from the Effective Date.] • Scheduled Benefit per day of a Confinement Period due to rehabilitation for Sickness: \$[XXXX] • Scheduled Benefit per day of a Confinement Period due to rehabilitation for Injury: \$[XXXX] • If rehabilitation is provided for both a Sickness and an Injury during a Confinement Period, only the Injury benefit above will be paid. • All Rehabilitation Unit Confinement Benefits are limited to a Maximum Benefit of \$[XXXX][[X] days] per Calendar Year, per Covered Person.] 														
[Emergency Room [and Urgent Care Facility] Visit Benefits	<ul style="list-style-type: none"> • [Benefit Waiting Period for Sickness: [2-180] days from the Effective Date.] • Scheduled Benefit per Emergency Room visit: \$[XX] • [Scheduled Benefit per Urgent Care visit: \$[XX]] • All Emergency Room Visits Benefits [and Urgent Care Visit Benefits combined] are limited to a Maximum Benefit of \$[XXXX] [[X] visit[s]] [per Calendar Year, per Covered Person.] 														
[Urgent Care Facility Visit Benefits	<ul style="list-style-type: none"> • [Benefit Waiting Period for Sickness: [2-180] days from the Effective Date.] • Scheduled Benefit per Urgent Care visit: \$[XX] • All Urgent Care Visit Benefits are limited to a Maximum Benefit of \$[XXXX] [[X] visit[s]] [per Calendar Year, per Covered Person.] 														
[Outpatient Medical Event Benefits:	<p>All Outpatient Medical Event Benefits combined are limited to a Maximum Benefit of \$[XX][[X] Covered Events] per Calendar Year, per Covered Person.</p> <ul style="list-style-type: none"> • [Benefit Waiting Period for Sickness: [2-180] days from the Effective Date.] • Scheduled Benefits: <table border="1" data-bbox="618 1661 1430 1917"> <thead> <tr> <th data-bbox="618 1661 1149 1696">Outpatient Medical Event</th> <th data-bbox="1149 1661 1430 1696">Scheduled Benefit</th> </tr> </thead> <tbody> <tr> <td data-bbox="618 1696 1149 1732">[Laboratory Service</td> <td data-bbox="1149 1696 1430 1732"></td> </tr> <tr> <td data-bbox="618 1732 1149 1768">[Surgical Pathology</td> <td data-bbox="1149 1732 1430 1768">\$[XX]</td> </tr> <tr> <td data-bbox="618 1768 1149 1803">[All other laboratory services</td> <td data-bbox="1149 1768 1430 1803">\$[XX]</td> </tr> <tr> <td data-bbox="618 1803 1149 1839"></td> <td data-bbox="1149 1803 1430 1839"></td> </tr> <tr> <td data-bbox="618 1839 1149 1875">[Radiology Services</td> <td data-bbox="1149 1839 1430 1875"></td> </tr> <tr> <td data-bbox="618 1875 1149 1917">[Mammogram</td> <td data-bbox="1149 1875 1430 1917">\$[XX]</td> </tr> </tbody> </table>	Outpatient Medical Event	Scheduled Benefit	[Laboratory Service		[Surgical Pathology	\$[XX]	[All other laboratory services	\$[XX]			[Radiology Services		[Mammogram	\$[XX]
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[All other laboratory services	\$[XX]														
[Radiology Services															
[Mammogram	\$[XX]														

	<table border="1"> <tr> <td>[Computerized Tomography (CT) Scan</td> <td>[\$XX]</td> </tr> <tr> <td>[Magnetic Resonance Imaging (MRI)</td> <td>[\$XX]</td> </tr> <tr> <td>[Positron Emission Tomography (PET) Scan</td> <td>[\$XX]</td> </tr> <tr> <td>[All other radiology services</td> <td>[\$XX]</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td>[Physical Medicine</td> <td></td> </tr> <tr> <td>[Physical Therapy (PT)</td> <td>[\$XX]</td> </tr> <tr> <td>[Occupational Therapy (OT)</td> <td>[\$XX]</td> </tr> <tr> <td>[Speech Therapy (ST)</td> <td>[\$XX]</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td>[All Other Outpatient Events, not otherwise shown on this Benefit Schedule:</td> <td>[\$XX]]</td> </tr> <tr> <td></td> <td></td> </tr> </table>	[Computerized Tomography (CT) Scan	[\$XX]	[Magnetic Resonance Imaging (MRI)	[\$XX]	[Positron Emission Tomography (PET) Scan	[\$XX]	[All other radiology services	[\$XX]			[Physical Medicine		[Physical Therapy (PT)	[\$XX]	[Occupational Therapy (OT)	[\$XX]	[Speech Therapy (ST)	[\$XX]			[All Other Outpatient Events, not otherwise shown on this Benefit Schedule:	[\$XX]]		
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[Office Visit Benefits:	<ul style="list-style-type: none"> • [Benefit Waiting Period for Sickness: [2-180] days from the Effective Date.] • Scheduled Benefit: [\$XX] per Office Visit in a Retail Health Clinic.] <ul style="list-style-type: none"> \$[XX] per Office Visit in a [Primary Care][Health Care] Practitioner's office. [\$XX] per Office Visit in a Specialist Practitioner's office.] • [Office Visit Benefits [in a Retail Health Clinic] are limited to a Maximum Benefit of [\$XX]][[X] visit[s]] [per month][per Calendar Year], per Covered Person.] • [Office Visit Benefits [in a Primary Care][Health Care][Practitioner' office] are limited to a Maximum Benefit of [\$XX]][[X] visit[s]] [per month][per Calendar Year], per Covered Person.] • [Office Visit Benefits Specialist Practitioner's office are limited to a Maximum Benefit of [\$XX]][[X] visit[s]] [per month][per Calendar Year], per Covered Person.] • Office Visit Benefits [combined] are limited to a Maximum Benefit of [\$XX]][[X] visit[s]] per Calendar Year, per Covered Person.] 																								
[[Immunization][and][or][Allergy Immunotherapy Injection Benefits]	<ul style="list-style-type: none"> • [Benefit Waiting Period for Sickness: [2-180] days from the Effective Date.] • Scheduled Benefit per immunization: \$[X] • Scheduled Benefit per allergy immunotherapy injection: \$[X] • [[All] [Immunization][and][Allergy Immunotherapy Injection] Benefits [combined]are limited to a Maximum Benefit of [\$XX]][[X] Covered Events] per Calendar Year, per Covered Person.]] 																								
[Telehealth Benefits	<ul style="list-style-type: none"> • [Benefit Waiting Period for Sickness: [2-180] days from the Effective Date.] • [Scheduled Benefit per Telehealth Services event: \$[X]] • [All Telehealth Benefits combined are limited to a Maximum Benefit of [\$XX]][[X] Covered Events] per Calendar Year, per Covered Person.] 																								

<p>[[Telehealth] [and] [Telemedicine] Benefits</p>	<ul style="list-style-type: none"> • [Benefit Waiting Period for Sickness: [2-180] days from the Effective Date.] • [Scheduled Benefit per Telehealth Services event: \$[X]] • [Scheduled Benefit per Telemedicine Services event: \$[X]] • [[All] [Telehealth] [and] [Telemedicine] Benefits [combined] are limited to a Maximum Benefit of [\$[XX]][[X] Covered Events] per Calendar Year, per Covered Person.]]
<p>[Outpatient Prescription Order Benefits:</p>	<ul style="list-style-type: none"> • [Benefit Waiting Period for Sickness: 2-180] days from the Effective Date.] • Scheduled Benefit per [Generic] Prescription Drug: \$[XX]. • [Scheduled Benefit per [Preferred] Brand Name Prescription Drug: \$[XX]. • [Scheduled Benefit per [Non-Preferred] Brand Name Prescription Drug: \$[XX]] • [If a Generic Prescription Drug is available and You receive a [Non-Preferred] Brand Name Prescription Drug, only the Scheduled Benefit for the Generic Prescription Drug will be paid.] • [Outpatient Prescription Order Benefits are limited to a Maximum Benefit of [\$[XX]][[X] Covered Events] per month, per Covered Person.] • All Outpatient Prescription Order Benefits are limited a Maximum Benefit of [\$[XX]][[X] Covered Events] per Calendar Year, per Covered Person.]
<p>[Professional Ground [or Air] Ambulance Services Benefits:</p>	<ul style="list-style-type: none"> • [Benefit Waiting Period for Sickness: [2-180] days from the Effective Date.] • Scheduled Benefit per trip by ground ambulance: \$[XX]. • [Scheduled Benefit per trip by air ambulance: \$[XX].] • [All Professional Ground [or Air] Ambulance Services Benefits combined are limited to a Maximum Benefit of [\$[XX]][[X] one-way trip[s]] per Calendar Year, per Covered Person]. • [All Professional [Ground] [or] [Air] Ambulance Services Benefits combined are limited to a Maximum Benefit of [\$[XX]][[X] one-way trip[s]] per Calendar Year, per Covered Person.]]
<p>[Anesthesia Benefit</p>	<ul style="list-style-type: none"> • [Benefit Waiting Period for Sickness: [2-180] days from the Effective Date.] • Scheduled Benefit per anesthesia Event: \$[XX] • All Anesthesia Benefits are limited to a Maximum Benefit of [\$[XX]][[X] Covered Events] per Calendar Year, per Covered Person.]
<p>[Surgical Services Benefits:</p>	<ul style="list-style-type: none"> • [Benefit Waiting Period for Sickness: [2-180] days from the Effective Date.] • The Scheduled Benefit for surgical Covered Events is the amount shown in the Surgical Schedule below for the corresponding Surgical Event. • Two or more Surgical Events performed during the same operative session are considered one operation and the Surgical Services Benefit will be considered based on the event with the highest Scheduled Benefit shown in the Surgical Schedule. • Surgical Event – Not Otherwise Listed: If a surgical procedure is

	<p>performed that is not shown on the Surgical Schedule, the fixed benefit will equal 100% of the [2010] Non-Facility Pricing Amount from the Medicare national Physician's Fee Schedule released on [9/28/10].</p> <p>All Surgical Services Benefits are limited to a Maximum Benefit of [\$(XX)] [[X] Covered Events] [per Calendar Year][.] [per Covered Person][over the lifetime of each Covered Person].]</p>
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[Surgical Schedule]

We will pay the Scheduled Benefit shown below when the corresponding surgical Covered Event occurs as shown below and subject to the conditions and limitations of the Surgical Services Benefits provision.

[Surgical Event on Cardiovascular System]	Scheduled Benefit]
[Insertion of electrode leads and pulse generator	\$[XX]]
[Upgrade of implanted pacemaker system, including conversion of a single chamber system to a dual chamber system	\$[XX]]
[Valvotomy, mitral valve; closed heart	\$[XX]]
[Valvotomy, pulmonary valve, closed heart; transventricular	\$[XX]]
[Valvuloplasty, mitral valve, with cardiopulmonary bypass	\$[XX]]
[Valvuloplasty, open, with cardiopulmonary bypass	\$[XX]]
[Valvuloplasty, open, with inflow occlusion	\$[XX]]
[Repair atrial septal defect, secundum, with cardiopulmonary bypass, with or without patch	\$[XX]]
[Ligation, division, and stripping, short or long saphenous vein	\$[XX]]
[Ligation, division, and stripping, of short and long saphenous vein, bilateral	\$[XX]]
[Catheterization – left heart	\$[XX]]
[Surgical Event on Digestive System]	Scheduled Benefit]
[Biopsy of salivary gland, needle	\$[XX]]
[Biopsy of salivary gland, incisional	\$[XX]]
[Tonsillectomy, with or without adenoidectomy, under 12 years of age	\$[XX]]
[Tonsillectomy, with or without adenoidectomy, 12 and over years of age	\$[XX]]
[Excision, local; ulcer or benign tumor of stomach	\$[XX]]
[Gastrectomy, total	\$[XX]]
[Colectomy, total, with proctectomy; with Ileostomy	\$[XX]]
[Incision and drainage of appendicular abscess, open	\$[XX]]
[Appendectomy – open	\$[XX]]
[Appendectomy – laparoscopic	\$[XX]]
[Proctectomy; complete, combined abdominoperineal, with colostomy	\$[XX]]
[Colonoscopy – diagnostic [or preventive screening]	\$[XX]]
[Colonoscopy with biopsy	\$[XX]]
[Colonoscopy with removal of tumor, polyp or other lesions	\$[XX]]
[Upper Gastro-Intestinal (GI) Endoscopy with biopsy	\$[XX]]
[Upper Gastro-Intestinal (GI) Endoscopy - diagnostic	\$[XX]]
[Incision of rectal fistula, superficial	\$[XX]]

[Fissurectomy, with or without sphincterotomy	[\$XX]
[Hemorrhoidectomy, external, complete	[\$XX]
[Hemorrhoidectomy, internal and external, complete	[\$XX]
[Cholecystectomy (removal of gall bladder) – open without exploration of common duct	[\$XX]
[Cholecystectomy – open with exploration of common duct	[\$XX]
[Cholecystectomy – laparoscopic, with or without exploration of common duct	[\$XX]
[Cholecystectomy – laparoscopic, with graph	[\$XX]
[Pancreatectomy, total	[\$XX]
[Exploratory laparotomy; exploratory celiotomy	[\$XX]
[Repair inguinal hernia; sliding; any age	[\$XX]
[Repair initial femoral hernia	[\$XX]
[Surgical Event on Ear	Scheduled Benefit]
[Tympanostomy	[\$XX]
[Stapes mobilization	[\$XX]
[Fenestration of semicircular canal	[\$XX]
[Surgical Event on Eye	Scheduled Benefit]
[Removal of foreign body, conjunctival, superficial	[\$XX]
[Removal of foreign body, corneal, with or without slit lamp	[\$XX]
[Excision or transposition of pterygium; without graft	[\$XX]
[Cataract removal, intra capsular, extracapsular, with insertion of intraocular lens	[\$XX]
[Repair of retinal detachment; scleral buckling, with or without implant	[\$XX]
[Muscle operation involving one or more muscles in one or both eyes	[\$XX]
[Surgical Event Related to Gynecology	Scheduled Benefit]
[Incision and drainage of Bartholin's gland abscess	[\$XX]
[Excision of Bartholin's gland or cyst	[\$XX]
[Anterior colporrhaphy, repair of cystocele, with or without repair of urethrocele	[\$XX]
[Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy	[\$XX]
[Combined anteroposterior colporrhaphy	[\$XX]
[Cautery of cervix; electro or thermal	[\$XX]
[Dilation and curettage, diagnostic and/or therapeutic (non-obstetrical)	[\$XX]
[Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without	[\$XX]
[removal of ovary(s)	[\$XX]
[Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s)	[\$XX]
[Radical abdominal hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with or without removal of tube(s), with or without removal of ovary(s)	[\$XX]
[Salpingectomy, complete or partial, unilateral or bilateral (separate procedure)	[\$XX]
[Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)	[\$XX]
[Hysteroscopy - biopsy	[\$XX]
[Hysteroscopy - ablation	[\$XX]
[Surgical Event on Musculoskeletal System	Scheduled

	Benefit]
[Muscle biopsy, superficial	[\$XX]
[Muscle biopsy, deep	[\$XX]
[Arthrocentesis, large joint	[\$XX]
[Removal of implant; superficial, (e.g., buried wire, pin or rod) (separate procedure)	[\$XX]
[Closed treatment of mandibular fracture with interdental fixation	[\$XX]
[Arthrodesis, including laminectomy and/or diskectomy	[\$XX]
[Closed treatment of clavicular fracture; without manipulation	[\$XX]
[Open treatment of clavicular fracture, with or without internal or external fixation	[\$XX]
[Closed treatment of proximal humeral (surgical or anatomical neck) fracture; without manipulation	[\$XX]
[Open treatment of proximal humeral (surgical or anatomical neck) fracture, with or without internal or external fixation, with or without repair of tuberosity(s)	[\$XX]
[Closed treatment of shoulder dislocation, with manipulation; without anesthesia	[\$XX]
[Closed treatment of shoulder dislocation, with manipulation; requiring anesthesia	[\$XX]
[Open treatment of acute shoulder dislocation	[\$XX]
[Arthroscopy - shoulder	[\$XX]
[Arthrotomy, elbow, including exploration, drainage, or removal of foreign body	[\$XX]
[Treatment of closed elbow dislocation; without anesthesia	[\$XX]
[Treatment of closed elbow dislocation; requiring anesthesia	[\$XX]
[Open Treatment of acute or chronic elbow dislocation	[\$XX]
[Closed treatment of ulnar shaft fracture; without manipulation	[\$XX]
[Open treatment of ulnar shaft fracture	[\$XX]
[Closed treatment of radial and ulnar shaft fractures	[\$XX]
[Open treatment; fixation of radius or ulna	[\$XX]
[Open treatment; fixation of radius AND ulna	[\$XX]
[Closed treatment of distal radial fracture (e.g., Colles or Smith type) or epiphyseal separation, with or without fracture of ulnar styloid; without manipulation	[\$XX]
[Open treatment of distal radial fracture or epiphyseal separation, with internal fixation	[\$XX]
[Arthrotomy, with exploration, drainage, or removal of loose or foreign body; interphalangeal joint, each	[\$XX]
[Excision of lesion of tendon sheath or joint capsule (e.g., cyst, mucous cyst, or ganglion), hand or finger	[\$XX]
[Closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; without manipulation, each	[\$XX]
[Open treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; without manipulation, each	[\$XX]
[Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with direct closure	[\$XX]
[Arthrotomy, hip, including exploration or removal of loose or foreign body	[\$XX]
[Closed treatment of femoral fracture, proximal end, neck; without manipulation	[\$XX]
[Closed treatment of femoral fracture, proximal end, neck; with manipulation	[\$XX]
[Open treatment of femoral fracture, proximal end, neck, internal fixation or prosthetic replacement	[\$XX]
[Arthroplasty, hip	[\$XX]
[Arthroscopy, knee	[\$XX]
[Arthrotomy, knee, with exploration, drainage, or removal of foreign body	[\$XX]

[Amputation, thigh, through femur, any level]	[\$XX]
[Amputation, thigh, through femur, any level; open, circular (guillotine)]	[\$XX]
[Closed reduction of fracture of tibia, shaft]	[\$XX]
[Closed treatment of tibial shaft fracture (with or without fibular fracture); with manipulation]	[\$XX]
[Open treatment of fracture of tibia, shaft]	[\$XX]
[Closed treatment of proximal fibula or shaft fracture; without manipulation]	[\$XX]
[Open treatment of proximal fibula or shaft fracture, with or without internal or external fixation]	[\$XX]
[Closed treatment of distal fibular fracture (lateral malleolus); without manipulation]	[\$XX]
[Open treatment of distal fibular fracture (lateral malleolus)]	[\$XX]
[Closed treatment of bimalleolar ankle fracture, (including Potts); without manipulation]	[\$XX]
[Closed treatment of bimalleolar ankle fracture, (including Potts); with manipulation]	[\$XX]
[Open treatment of bimalleolar ankle fracture, with or without internal or external fixation]	[\$XX]
[Excision of lesion, tendon, tendon sheath, or capsule (including synovectomy) (e.g., cyst or ganglion); toes, wrist, forearm, foot, ankle]	[\$XX]
[Carpal Tunnel surgery]	[\$XX]
[Closed treatment of fracture great toe]	[\$XX]
[Open treatment of fracture great toe]	[\$XX]
[Closed treatment of fracture of toes, other than great toes, without manipulation, each]	[\$XX]
[Open treatment of fracture of toes, other than great toes, without manipulation, each]	[\$XX]
[Amputation, toe; interphalangeal joint]	[\$XX]
[Surgical Event on Nervous System]	Scheduled Benefit]
[Burr hole(s) with evacuation and/or drainage of hematoma, extradural or subdural]	[\$XX]
[Burr holes , intracerebral]	[\$XX]
[Craniectomy or craniotomy for evacuation of hematoma, supratentorial; extradural or subdural]	[\$XX]
[Craniectomy or craniotomy for evacuation of hematoma, infratentorial; extradural or subdural]	[\$XX]
[Craniectomy, trephination, bone flap craniotomy; for excision of brain tumor, supratentorial, except meningioma]	[\$XX]
[Spinal puncture, lumbar, diagnostic]	[\$XX]
[Injection procedure for myelography and/or computed tomography, spinal (other than C1-C2 and posterior fossa)]	[\$XX]
[Injection procedure for diskography]	[\$XX]
[Laminectomy with decompression of spinal cord and discectomy, cervical]	[\$XX]
[Laminotomy and/or excision of herniated intervertebral disk, single interspace]	[\$XX]
[Sympathectomy, cervical]	[\$XX]
[Sympathectomy, lumbar]	[\$XX]
[Surgical Event on Respiratory System]	Scheduled Benefit]
[Excision of nasal polyp(s), simple]	[\$XX]
[Excision of nasal polyp(s), extensive requiring hospitalization]	[\$XX]
[Submucous resection, classic, nasal septum]	[\$XX]

[Laryngectomy; total, without radical neck dissection]	[\$XX]
[Laryngectomy; total, with radical neck dissection]	[\$XX]
[Bronchoscopy, diagnostic without biopsy]	[\$XX]
[Bronchoscopy with bronchial or endobronchial biopsy]	[\$XX]
[Bronchoscopy with removal of foreign body]	[\$XX]
[Bronchoscopy with excision of tumor]	[\$XX]
[Thoracotomy, exploratory, including biopsy]	[\$XX]
[Lobectomy, total, subtotal, or segmentation, single lobe]	[\$XX]
[Bilobectomy]	[\$XX]
[Pulmonary resection with concomitant thoracoplasty]	[\$XX]
[Surgical Event Related to Skin Lesions, Cysts and Mastectomy]	Scheduled Benefit]
[Incision and drainage of abscess; simple or single]	[\$XX]
[Incision and drainage of pilonidal cyst]	[\$XX]
[Biopsy of skin, subcutaneous tissue and/or mucous membrane, single lesion]	[\$XX]
[Biopsy of each additional lesion in addition to primary procedure]	[\$XX]
[Excision, benign lesions including margins, except skin tag, 2cm or less]	[\$XX]
[Excision, benign lesions including margins, except skin tag, over 2 cm]	[\$XX]
[Excision of pilonidal cyst or sinus, simple]	[\$XX]
[Excision of pilonidal cyst or sinus, extensive]	[\$XX]
[Excision of pilonidal cyst or sinus, complicated]	[\$XX]
[Destruction of benign or premalignant lesions; one lesion]	[\$XX]
[Destruction of benign or premalignant lesions, second thru 14 lesions, each]	[\$XX]
[Wart destruction, up to 14]	[\$XX]
[Wart destruction 15 or more]	[\$XX]
[Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion, open, male or female, one or more lesions]	[\$XX]
[Mastectomy, simple, complete]	[\$XX]
[Radical mastectomy, including breast, pectoral muscles and axillary lymph nodes]	[\$XX]
[Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction]	[\$XX]
[Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion]	[\$XX]
[Breast reconstruction with latissimus dorsi flap, without prosthetic implant]	[\$XX]
[Breast reconstruction with free flap]	[\$XX]
[Breast reconstruction with other technique]	[\$XX]
[Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM)]	[\$XX]
[Surgical Event Related to Thyroid]	Scheduled Benefit]
[Excision of cyst or adenoma of thyroid]	[\$XX]
[Partial thyroidectomy unilateral]	[\$XX]
[Thyroidectomy, total or complete]	[\$XX]
[Total or subtotal for malignancy with limited neck dissection]	[\$XX]
[Total or subtotal for malignancy with radical neck dissection]	[\$XX]
[Thyroidectomy, removal of all remaining thyroid tissue following previous removal of a portion of thyroid]	[\$XX]
[Surgical Event Related to Urinary System]	Scheduled Benefit]

[Cystoscopy	[\$XX]
[Nephrectomy	[\$XX]
[Kidney lithotripsy	[\$XX]
[Excision or fulguration of Skene's glands	[\$XX]
[Surgical Event for Transplants	Scheduled Benefit]
[Heart Transplant	[\$XX]
[Lung Transplant	[\$XX]
[Heart/Lung Transplant	[\$XX]
[Liver Transplant	[\$XX]
[Kidney Transplant	[\$XX]
[Pancreas Transplant	[\$XX]
[Bone Marrow/Stem Cell Transplant	[\$XX]
[Cornea Transplant	[\$XX]
[Skin Transplant	[\$XX]

SERFF Tracking Number: ASWX-G126939971 State: Arkansas
 Filing Company: Time Insurance Company State Tracking Number: 47527
 Company Tracking Number: G126939971
 TOI: H15G Group Health - Hospital/Surgical/Medical Sub-TOI: H15G.001 Any Size Group
 Expense
 Product Name: HSP Confine/Surgical Fixed Indemnity
 Project Name/Number: HSP Confine/Surgical Fixed Indemnity/AR01237FI00010

Supporting Document Schedules

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	12/16/2010
Bypass Reason:	N/A - This is a benefit schedule filing.		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Flesch Certification	Approved-Closed	12/16/2010
Bypass Reason:	N/A - This is a benefit schedule filing.		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	PPACA Uniform Compliance Summary	Approved-Closed	12/16/2010
Bypass Reason:	N/A - This is not a PPACA filing.		
Comments:			

		Item Status:	Status Date:
Satisfied - Item:	Cover Letter	Approved-Closed	12/16/2010
Comments:			
Attachment:	292 Benefit Schedule Revision Association Cover Letter.PDF		

		Item Status:	Status Date:
Satisfied - Item:	Marked Benefit Summary	Approved-Closed	12/16/2010
Comments:			
Attachment:			

SERFF Tracking Number: ASWX-G126939971 State: Arkansas
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Generic TIC IM Association 292 Benefit Schedule - variable [XX] benefits v_12-10 (Marked).PDF

		Item Status:	Status Date:
Satisfied - Item:	Statement of Variability	Approved-Closed	12/16/2010
Comments:			
Attachment:			
	Statement of Variability.PDF		

		Item Status:	Status Date:
Satisfied - Item:	AR - SERFF ONLY - FILING AT A GLANCE	Approved-Closed	12/16/2010
Comments:			
Attachment:			
	AR - SERFF ONLY - FILING AT A GLANCE.PDF		



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December 14, 2010

www.assurant.com

Arkansas Department of Insurance
1200 W. Third Street
Little Rock, AR 72201

RE: REVISIONS TO PREVIOUSLY APPROVED FORM
TIME INSURANCE COMPANY (NAIC #69477; FEIN 39-0658730)
Benefit Schedule (12/2010 Edition): 292.BNS.001.XX

Dear Sir/Madam:

The above-referenced revision to our Individual Hospital Confinement and Other Fixed Indemnity Benefit Schedule form is hereby submitted for your review seeking approval.

This filing contains revisions to the Surgical Services Benefit in the Benefit Schedule. Our claims experience with this plan shows that many of the surgeries for which we pay benefits fall into the Surgical Event – Not Otherwise Listed category, which is scheduled at a \$100 fixed benefit. Therefore, we revised the Benefit Schedule to increase the fixed benefit for surgeries that are not specifically listed in the Surgical Schedule. The new fixed benefit amount will equal the 2010 Non-Facility Pricing Amount of the Medicare National Physician's Fee Schedule released on June 24, 2010.

Individual Hospital Confinement and Other Fixed Indemnity Benefit Schedule form 292.BNS.001.XX replaces form 292.BNS.XX in its entirety. Form 292.BNS.XX was previously approved by the Department on April 29, 2010 via SERFF Filing ID MCHX-126596491.

For your ease in review, the differences between the updated/revised form and the form previously approved on April 29, 2010 are demarcated in the attached "marked/redlined" 12/2010 edition of the Benefit Schedule.

This coverage is offered for benefit of individuals who are members of a non-employer sponsored association, and coverage will be offered by independent agents licensed in your state. The master group policy is issued and delivered to the association group policyholder in the state of Illinois.

Assurant Health markets products underwritten by Time Insurance Company, Union Security Insurance Company and John Alden Life Insurance Company.

All forms are subject to minor modifications in paper size, stock, layout, format, company logo and printing specifications of the document upon issue. Some of the provisions/sections are bracketed to provide flexibility as well as to afford future flexibility to adjust to changing regulatory and market needs. Please see the enclosed Statement of Variability for additional information on form adaptability.

Please note that Wisconsin is the state domicile for Time Insurance Company. The state of Wisconsin does not require the filing of forms that are being marketed for out-of-state use with their office.

Thank you in advance for your time and attention to this filing. Should you have any questions, or require additional information, please contact me at any of the numbers listed below.

Best Regards,

A handwritten signature in cursive script that reads "Rebecca L. Sinclair".

Rebecca L. Sinclair, HIA
Senior Contract Compliance Analyst
Legal Department
rebecca.sinclair@assurant.com
T 414.299.7744 or 800.800.1212 ext. 7744
F 414.299.6168

BENEFIT SCHEDULE
Limited Hospital Confinement and Other Fixed Indemnity Benefits

Date of this Benefit Schedule: [XX/XX/XXXX]

THIS BENEFIT SCHEDULE CONTAINS LIMITED INFORMATION ABOUT YOUR PLAN. IN ADDITION, THE PLAN HAS LIMITED BENEFITS AND ANNUAL MAXIMUMS. PLEASE READ YOUR CERTIFICATE CAREFULLY TO UNDERSTAND PLAN LIMITATIONS. REVIEW THIS BENEFIT SCHEDULE FOR INFORMATION ON WHAT BENEFITS ARE PROVIDED.

Benefits will be paid for hospital confinement and medical Covered Events Incurred while this plan is in force. Payment of benefits is subject to all the terms, limits and conditions in the plan.

Policyholder, Certificate Holder and Plan Information	
Policyholder:	[ABC Association]
Certificate Holder:	[Name] Effective Date: [XX/XX/XXXX] [Address/City/State/Zip]
Covered Dependents:	[Spouse's Name] [Effective Date: [XX/XX/XXXX]] [Dependent Child's Name] [Effective Date: [XX/XX/XXXX]] [Dependent Child's Name] [Effective Date: [XX/XX/XXXX]]
Certificate Number:	[XXXXXXXX]
Initial Annual Premium:	[\$XXX.XX]
Initial Payment Option Mode:	[Monthly]
Initial Modal Premium:	[\$XXX.XX]
Hospital Confinement and Other Fixed Indemnity Benefits	
We will pay the Scheduled Benefit shown below only for the Covered Events listed in the Hospital Confinement and Other Fixed Indemnity Benefits section of the plan.	
[[Maximum Lifetime Benefit:]	[\$XXX,XXX] – All benefit payments apply to the Maximum Lifetime Benefit unless otherwise indicated.]
[Benefit Waiting Period for Sickness:	Events caused by or related to Sickness are eligible for benefits under this plan only if the hospital confinement or medical event occurs after the first [2-180] calendar days from the Effective Date. There is no waiting period on events due to Injury.]
[Initial Hospitalization Benefit	<ul style="list-style-type: none"> • [Benefit Waiting Period for Sickness: [2-180] days from the Effective Date.] • Scheduled Benefit per Confinement Period[for Sickness]: \$[XX] • [Scheduled Benefit per Confinement Period for Injury: \$[XX]] • The Maximum Benefit is one (1) Initial Hospitalization Benefit per Calendar Year, per Covered Person.]
[Inpatient Hospital Confinement	<ul style="list-style-type: none"> • [Benefit Waiting Period for Sickness: [2-180] days from the

Benefits:	<p>Effective Date.]</p> <ul style="list-style-type: none"> Scheduled Benefit per day of a Confinement Period due to Sickness: \$[XXXX] Scheduled Benefit per day of a Confinement Period due to Injury: \$[XXXX] If treated for both a Sickness and an Injury during a Confinement Period, only the Injury benefit above will be paid. All Inpatient Hospital Confinement Benefits are limited to a Maximum Benefit of [\$[XXX,XXX]][[X] days] per Calendar Year, per Covered Person.] 														
[Rehabilitation Unit Confinement Benefits	<ul style="list-style-type: none"> [Benefit Waiting Period for Sickness: [2-180] days from the Effective Date.] Scheduled Benefit per day of a Confinement Period due to rehabilitation for Sickness: \$[XXXX] Scheduled Benefit per day of a Confinement Period due to rehabilitation for Injury: \$[XXXX] If rehabilitation is provided for both a Sickness and an Injury during a Confinement Period, only the Injury benefit above will be paid. All Rehabilitation Unit Confinement Benefits are limited to a Maximum Benefit of [\$[XXXX]][[X] days] per Calendar Year, per Covered Person.] 														
[Emergency Room [and Urgent Care Facility] Visit Benefits	<ul style="list-style-type: none"> [Benefit Waiting Period for Sickness: [2-180] days from the Effective Date.] Scheduled Benefit per Emergency Room visit: \$[XX] [Scheduled Benefit per Urgent Care visit: \$[XX]] All Emergency Room Visits Benefits [and Urgent Care Visit Benefits combined] are limited to a Maximum Benefit of [\$[XXXX]] [[X] visit[s]] [per Calendar Year, per Covered Person.] 														
[Urgent Care Facility Visit Benefits	<ul style="list-style-type: none"> [Benefit Waiting Period for Sickness: [2-180] days from the Effective Date.] Scheduled Benefit per Urgent Care visit: \$[XX] All Urgent Care Visit Benefits are limited to a Maximum Benefit of [\$[XXXX]] [[X] visit[s]] [per Calendar Year, per Covered Person.] 														
[Outpatient Medical Event Benefits:	<p>All Outpatient Medical Event Benefits combined are limited to a Maximum Benefit of [\$[XX]][[X] Covered Events] per Calendar Year, per Covered Person.</p> <ul style="list-style-type: none"> [Benefit Waiting Period for Sickness: [2-180] days from the Effective Date.] Scheduled Benefits: <table border="1" data-bbox="492 1535 1135 1738"> <thead> <tr> <th>Outpatient Medical Event</th> <th>Scheduled Benefit</th> </tr> </thead> <tbody> <tr> <td>[Laboratory Service</td> <td></td> </tr> <tr> <td>[Surgical Pathology</td> <td>\$[XX]</td> </tr> <tr> <td>[All other laboratory services</td> <td>\$[XX]</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td>[Radiology Services</td> <td></td> </tr> <tr> <td>[Mammogram</td> <td>\$[XX]</td> </tr> </tbody> </table>	Outpatient Medical Event	Scheduled Benefit	[Laboratory Service		[Surgical Pathology	\$[XX]	[All other laboratory services	\$[XX]			[Radiology Services		[Mammogram	\$[XX]
Outpatient Medical Event	Scheduled Benefit														
[Laboratory Service															
[Surgical Pathology	\$[XX]														
[All other laboratory services	\$[XX]														
[Radiology Services															
[Mammogram	\$[XX]														

	<table border="1"> <tr> <td>[Computerized Tomography (CT) Scan</td> <td>[\$XX]]</td> </tr> <tr> <td>[Magnetic Resonance Imaging (MRI)</td> <td>[\$XX]]</td> </tr> <tr> <td>[Positron Emission Tomography (PET) Scan</td> <td>[\$XX]]</td> </tr> <tr> <td>[All other radiology services</td> <td>[\$XX]]</td> </tr> <tr> <td colspan="2">[Physical Medicine</td> </tr> <tr> <td>[Physical Therapy (PT)</td> <td>[\$XX]]</td> </tr> <tr> <td>[Occupational Therapy (OT)</td> <td>[\$XX]]</td> </tr> <tr> <td>[Speech Therapy (ST)</td> <td>[\$XX]]</td> </tr> <tr> <td colspan="2">[All Other Outpatient Events, not otherwise shown on this Benefit Schedule:</td> </tr> <tr> <td></td> <td>[\$XX]]]</td> </tr> </table>	[Computerized Tomography (CT) Scan	[\$XX]]	[Magnetic Resonance Imaging (MRI)	[\$XX]]	[Positron Emission Tomography (PET) Scan	[\$XX]]	[All other radiology services	[\$XX]]	[Physical Medicine		[Physical Therapy (PT)	[\$XX]]	[Occupational Therapy (OT)	[\$XX]]	[Speech Therapy (ST)	[\$XX]]	[All Other Outpatient Events, not otherwise shown on this Benefit Schedule:			[\$XX]]]
[Computerized Tomography (CT) Scan	[\$XX]]																				
[Magnetic Resonance Imaging (MRI)	[\$XX]]																				
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[Speech Therapy (ST)	[\$XX]]																				
[All Other Outpatient Events, not otherwise shown on this Benefit Schedule:																					
	[\$XX]]]																				
[Office Visit Benefits:	<ul style="list-style-type: none"> • [Benefit Waiting Period for Sickness: [2-180] days from the Effective Date.] • Scheduled Benefit: [\$XX] per Office Visit in a Retail Health Clinic. <ul style="list-style-type: none"> \$[XX] per Office Visit in a [Primary Care][Health Care] Practitioner's office. [\$XX] per Office Visit in a Specialist Practitioner's office.] • [Office Visit Benefits [in a Retail Health Clinic] are limited to a Maximum Benefit of [\$XX]][[X] visit[s]] [per month][per Calendar Year], per Covered Person.] • [Office Visit Benefits [in a Primary Care][Health Care][Practitioner' office] are limited to a Maximum Benefit of [\$XX]][[X] visit[s]] [per month][per Calendar Year], per Covered Person.] • [Office Visit Benefits Specialist Practitioner's office are limited to a Maximum Benefit of [\$XX]][[X] visit[s]] [per month][per Calendar Year], per Covered Person.] • Office Visit Benefits [combined] are limited to a Maximum Benefit of [\$XX]][[X] visit[s]] per Calendar Year, per Covered Person.] 																				
[[Immunization][and][or][Allergy Immunotherapy Injection] Benefits]	<ul style="list-style-type: none"> • [Benefit Waiting Period for Sickness: [2-180] days from the Effective Date.] • Scheduled Benefit per immunization: \$[X] • Scheduled Benefit per allergy immunotherapy injection: \$[X] • [[All] [Immunization][and][Allergy Immunotherapy Injection] Benefits [combined]are limited to a Maximum Benefit of [\$XX]][[X] Covered Events] per Calendar Year, per Covered Person.] 																				
[Telehealth Benefits	<ul style="list-style-type: none"> • [Benefit Waiting Period for Sickness: [2-180] days from the Effective Date.] • [Scheduled Benefit per Telehealth Services event: \$[X]] • [All Telehealth Benefits combined are limited to a Maximum Benefit of [\$XX]][[X] Covered Events] per Calendar Year, per Covered Person.] 																				

[[Telehealth] [and] [Telemedicine] Benefits	<ul style="list-style-type: none"> • [Benefit Waiting Period for Sickness: [2-180] days from the Effective Date.] • [Scheduled Benefit per Telehealth Services event: \$[X]] • [Scheduled Benefit per Telemedicine Services event: \$[X]] • [[All] [Telehealth] [and] [Telemedicine] Benefits [combined] are limited to a Maximum Benefit of [\$[XX]][[X] Covered Events] per Calendar Year, per Covered Person.]
[Outpatient Prescription Order Benefits:	<ul style="list-style-type: none"> • [Benefit Waiting Period for Sickness: 2-180] days from the Effective Date.] • Scheduled Benefit per [Generic] Prescription Drug: \$[XX]. • [Scheduled Benefit per [Preferred] Brand Name Prescription Drug: \$[XX]. • [Scheduled Benefit per [Non-Preferred] Brand Name Prescription Drug: \$[XX]] • [If a Generic Prescription Drug is available and You receive a [Non-Preferred] Brand Name Prescription Drug, only the Scheduled Benefit for the Generic Prescription Drug will be paid.] • [Outpatient Prescription Order Benefits are limited to a Maximum Benefit of [\$[XX]][[X] Covered Events] per month, per Covered Person.] • All Outpatient Prescription Order Benefits are limited a Maximum Benefit of [\$[XX]][[X] Covered Events] per Calendar Year, per Covered Person.]
[Professional Ground [or Air] Ambulance Services Benefits:	<ul style="list-style-type: none"> • [Benefit Waiting Period for Sickness: [2-180] days from the Effective Date.] • Scheduled Benefit per trip by ground ambulance: \$[XX]. • [Scheduled Benefit per trip by air ambulance: \$[XX].] • [All Professional Ground [or Air] Ambulance Services Benefits combined are limited to a Maximum Benefit of [\$[XX]][[X] one-way trip[s]] per Calendar Year, per Covered Person.] • [All Professional [Ground] [or] [Air] Ambulance Services Benefits combined are limited to a Maximum Benefit of [\$[XX]][[X] one-way trip[s]] per Calendar Year, per Covered Person.]
[Anesthesia Benefit	<ul style="list-style-type: none"> • [Benefit Waiting Period for Sickness: [2-180] days from the Effective Date.] • Scheduled Benefit per anesthesia Event: \$[XX] • All Anesthesia Benefits are limited to a Maximum Benefit of [\$[XX]][[X] Covered Events] per Calendar Year, per Covered Person.]
[Surgical Services Benefits:	<ul style="list-style-type: none"> • [Benefit Waiting Period for Sickness: [2-180] days from the Effective Date.] • The Scheduled Benefit for surgical Covered Events is the amount shown in the Surgical Schedule below for the corresponding Surgical Event. • Two or more Surgical Events performed during the same operative session are considered one operation and the Surgical Services Benefit will be considered based on the event with the highest Scheduled Benefit shown in the Surgical Schedule. • Surgical Event – Not Otherwise Listed: If a surgical procedure is

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[performed that is not shown on the Surgical Schedule, the fixed benefit will equal 100% of the \[2010\] Non-Facility Pricing Amount from the Medicare national Physician's Fee Schedule released on \[9/28/10\].](#)

All Surgical Services Benefits are limited to a Maximum Benefit of [\$(XX)][[X] Covered Events] [per Calendar Year][,] [per Covered Person][over the lifetime of each Covered Person].]

[Surgical Schedule

We will pay the Scheduled Benefit shown below when the corresponding surgical Covered Event occurs as shown below and subject to the conditions and limitations of the Surgical Services Benefits provision.

[Surgical Event on Cardiovascular System	Scheduled Benefit]
[Insertion of electrode leads and pulse generator	\$(XX)]
[Upgrade of implanted pacemaker system, including conversion of a single chamber system to a dual chamber system	\$(XX)]
[Valvotomy, mitral valve; closed heart	\$(XX)]
[Valvotomy, pulmonary valve, closed heart; transventricular	\$(XX)]
[Valvuloplasty, mitral valve, with cardiopulmonary bypass	\$(XX)]
[Valvuloplasty, open, with cardiopulmonary bypass	\$(XX)]
[Valvuloplasty, open, with inflow occlusion	\$(XX)]
[Repair atrial septal defect, secundum, with cardiopulmonary bypass, with or without patch	\$(XX)]
[Ligation, division, and stripping, short or long saphenous vein	\$(XX)]
[Ligation, division, and stripping, of short and long saphenous vein, bilateral	\$(XX)]
[Catheterization – left heart	\$(XX)]
[Surgical Event on Digestive System	Scheduled Benefit]
[Biopsy of salivary gland, needle	\$(XX)]
[Biopsy of salivary gland, incisional	\$(XX)]
[Tonsillectomy, with or without adenoidectomy, under 12 years of age	\$(XX)]
[Tonsillectomy, with or without adenoidectomy, 12 and over years of age	\$(XX)]
[Excision, local; ulcer or benign tumor of stomach	\$(XX)]
[Gastrectomy, total	\$(XX)]
[Colectomy, total, with proctectomy; with ileostomy	\$(XX)]
[Incision and drainage of appendicular abscess, open	\$(XX)]
[Appendectomy – open	\$(XX)]
[Appendectomy – laparoscopic	\$(XX)]
[Proctectomy; complete, combined abdominoperineal, with colostomy	\$(XX)]
[Colonoscopy – diagnostic [or preventive screening]	\$(XX)]
[Colonoscopy with biopsy	\$(XX)]
[Colonoscopy with removal of tumor, polyp or other lesions	\$(XX)]
[Upper Gastro-Intestinal (GI) Endoscopy with biopsy	\$(XX)]
[Upper Gastro-Intestinal (GI) Endoscopy - diagnostic	\$(XX)]
[Incision of rectal fistula, superficial	\$(XX)]

[Fissurectomy, with or without sphincterotomy	[\$XX]
[Hemorrhoidectomy, external, complete	[\$XX]
[Hemorrhoidectomy, internal and external, complete	[\$XX]
[Cholecystectomy (removal of gall bladder) – open without exploration of common duct	[\$XX]
[Cholecystectomy – open with exploration of common duct	[\$XX]
[Cholecystectomy – laparoscopic, with or without exploration of common duct	[\$XX]
[Cholecystectomy – laparoscopic, with graph	[\$XX]
[Pancreatectomy, total	[\$XX]
[Exploratory laparotomy; exploratory celiotomy	[\$XX]
[Repair inguinal hernia; sliding; any age	[\$XX]
[Repair initial femoral hernia	[\$XX]
[Surgical Event on Ear	Scheduled Benefit]
[Tympanostomy	[\$XX]
[Stapes mobilization	[\$XX]
[Fenestration of semicircular canal	[\$XX]
[Surgical Event on Eye	Scheduled Benefit]
[Removal of foreign body, conjunctival, superficial	[\$XX]
[Removal of foreign body, corneal, with or without slit lamp	[\$XX]
[Excision or transposition of pterygium; without graft	[\$XX]
[Cataract removal, intra capsular, extracapsular, with insertion of intraocular lens	[\$XX]
[Repair of retinal detachment; scleral buckling, with or without implant	[\$XX]
[Muscle operation involving one or more muscles in one or both eyes	[\$XX]
[Surgical Event Related to Gynecology	Scheduled Benefit]
[Incision and drainage of Bartholin's gland abscess	[\$XX]
[Excision of Bartholin's gland or cyst	[\$XX]
[Anterior colporrhaphy, repair of cystocele, with or without repair of urethrocele	[\$XX]
[Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy	[\$XX]
[Combined anteroposterior colporrhaphy	[\$XX]
[Cautery of cervix; electro or thermal	[\$XX]
[Dilation and curettage, diagnostic and/or therapeutic (non-obstetrical)	[\$XX]
[Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without	[\$XX]
[removal of ovary(s)	[\$XX]
[Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s)	[\$XX]
[Radical abdominal hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with or without removal of tube(s), with or without removal of ovary(s)	[\$XX]
[Salpingectomy, complete or partial, unilateral or bilateral (separate procedure)	[\$XX]
[Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)	[\$XX]
[Hysteroscopy - biopsy	[\$XX]
[Hysteroscopy - ablation	[\$XX]
[Surgical Event on Musculoskeletal System	Scheduled

	Benefit]
[Muscle biopsy, superficial	\$(XX)]
[Muscle biopsy, deep	\$(XX)]
[Arthrocentesis, large joint	\$(XX)]
[Removal of implant; superficial, (e.g., buried wire, pin or rod) (separate procedure)	\$(XX)]
[Closed treatment of mandibular fracture with interdental fixation	\$(XX)]
[Arthrodesis, including laminectomy and/or diskectomy	\$(XX)]
[Closed treatment of clavicular fracture; without manipulation	\$(XX)]
[Open treatment of clavicular fracture, with or without internal or external fixation	\$(XX)]
[Closed treatment of proximal humeral (surgical or anatomical neck) fracture; without manipulation	\$(XX)]
[Open treatment of proximal humeral (surgical or anatomical neck) fracture, with or without internal or external fixation, with or without repair of tuberosity(s)	\$(XX)]
[Closed treatment of shoulder dislocation, with manipulation; without anesthesia	\$(XX)]
[Closed treatment of shoulder dislocation, with manipulation; requiring anesthesia	\$(XX)]
[Open treatment of acute shoulder dislocation	\$(XX)]
[Arthroscopy - shoulder	\$(XX)]
[Arthrotomy, elbow, including exploration, drainage, or removal of foreign body	\$(XX)]
[Treatment of closed elbow dislocation; without anesthesia	\$(XX)]
[Treatment of closed elbow dislocation; requiring anesthesia	\$(XX)]
[Open Treatment of acute or chronic elbow dislocation	\$(XX)]
[Closed treatment of ulnar shaft fracture; without manipulation	\$(XX)]
[Open treatment of ulnar shaft fracture	\$(XX)]
[Closed treatment of radial and ulnar shaft fractures	\$(XX)]
[Open treatment; fixation of radius or ulna	\$(XX)]
[Open treatment; fixation of radius AND ulna	\$(XX)]
[Closed treatment of distal radial fracture (e.g., Colles or Smith type) or epiphyseal separation, with or without fracture of ulnar styloid; without manipulation	\$(XX)]
[Open treatment of distal radial fracture or epiphyseal separation, with internal fixation	\$(XX)]
[Arthrotomy, with exploration, drainage, or removal of loose or foreign body; interphalangeal joint, each	\$(XX)]
[Excision of lesion of tendon sheath or joint capsule (e.g., cyst, mucous cyst, or ganglion), hand or finger	\$(XX)]
[Closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; without manipulation, each	\$(XX)]
[Open treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; without manipulation, each	\$(XX)]
[Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with direct closure	\$(XX)]
[Arthrotomy, hip, including exploration or removal of loose or foreign body	\$(XX)]
[Closed treatment of femoral fracture, proximal end, neck; without manipulation	\$(XX)]
[Closed treatment of femoral fracture, proximal end, neck; with manipulation	\$(XX)]
[Open treatment of femoral fracture, proximal end, neck, internal fixation or prosthetic replacement	\$(XX)]
[Arthroplasty, hip	\$(XX)]
[Arthroscopy, knee	\$(XX)]
[Arthrotomy, knee, with exploration, drainage, or removal of foreign body	\$(XX)]

[Amputation, thigh, through femur, any level	[\$XX]
[Amputation, thigh, through femur, any level; open, circular (guillotine)	[\$XX]
[Closed reduction of fracture of tibia, shaft	[\$XX]
[Closed treatment of tibial shaft fracture (with or without fibular fracture); with manipulation	[\$XX]
[Open treatment of fracture of tibia, shaft	[\$XX]
[Closed treatment of proximal fibula or shaft fracture; without manipulation	[\$XX]
[Open treatment of proximal fibula or shaft fracture, with or without internal or external fixation	[\$XX]
[Closed treatment of distal fibular fracture (lateral malleolus); without manipulation	[\$XX]
[Open treatment of distal fibular fracture (lateral malleolus)	[\$XX]
[Closed treatment of bimalleolar ankle fracture, (including Potts); without manipulation	[\$XX]
[Closed treatment of bimalleolar ankle fracture, (including Potts); with manipulation	[\$XX]
[Open treatment of bimalleolar ankle fracture, with or without internal or external fixation	[\$XX]
[Excision of lesion, tendon, tendon sheath, or capsule (including synovectomy) (e.g., cyst or ganglion); toes, wrist, forearm, foot, ankle	[\$XX]
[Carpal Tunnel surgery	[\$XX]
[Closed treatment of fracture great toe	[\$XX]
[Open treatment of fracture great toe	[\$XX]
[Closed treatment of fracture of toes, other than great toes, without manipulation, each	[\$XX]
[Open treatment of fracture of toes, other than great toes, without manipulation, each	[\$XX]
[Amputation, toe; interphalangeal joint	[\$XX]
[Surgical Event on Nervous System	Scheduled Benefit]
[Burr hole(s) with evacuation and/or drainage of hematoma, extradural or subdural	[\$XX]
[Burr holes , intracerebral	[\$XX]
[Craniectomy or craniotomy for evacuation of hematoma, supratentorial; extradural or subdural	[\$XX]
[Craniectomy or craniotomy for evacuation of hematoma, infratentorial; extradural or subdural	[\$XX]
[Craniectomy, trephination, bone flap craniotomy; for excision of brain tumor, supratentorial, except meningioma	[\$XX]
[Spinal puncture, lumbar, diagnostic	[\$XX]
[Injection procedure for myelography and/or computed tomography, spinal (other than C1-C2 and posterior fossa)	[\$XX]
[Injection procedure for diskography	[\$XX]
[Laminectomy with decompression of spinal cord and discectomy, cervical	[\$XX]
[Laminotomy and/or excision of herniated intervertebral disk, single interspace	[\$XX]
[Sympathectomy, cervical	[\$XX]
[Sympathectomy, lumbar	[\$XX]
[Surgical Event on Respiratory System	Scheduled Benefit]
[Excision of nasal polyp(s), simple	[\$XX]
[Excision of nasal polyp(s), extensive requiring hospitalization	[\$XX]
[Submucous resection, classic, nasal septum	[\$XX]

[Laryngectomy; total, without radical neck dissection	[\$XX]
[Laryngectomy; total, with radical neck dissection	[\$XX]
[Bronchoscopy, diagnostic without biopsy	[\$XX]
[Bronchoscopy with bronchial or endobronchial biopsy	[\$XX]
[Bronchoscopy with removal of foreign body	[\$XX]
[Bronchoscopy with excision of tumor	[\$XX]
[Thoracotomy, exploratory, including biopsy	[\$XX]
[Lobectomy, total, subtotal, or segmentation, single lobe	[\$XX]
[Bilobectomy	[\$XX]
[Pulmonary resection with concomitant thoracoplasty	[\$XX]
[Surgical Event Related to Skin Lesions, Cysts and Mastectomy	Scheduled Benefit]
[Incision and drainage of abscess: simple or single	[\$XX]
[Incision and drainage of pilonidal cyst	[\$XX]
[Biopsy of skin, subcutaneous tissue and/or mucous membrane, single lesion	[\$XX]
[Biopsy of each additional lesion in addition to primary procedure	[\$XX]
[Excision, benign lesions including margins, except skin tag, 2cm or less	[\$XX]
[Excision, benign lesions including margins, except skin tag, over 2 cm	[\$XX]
[Excision of pilonidal cyst or sinus, simple	[\$XX]
[Excision of pilonidal cyst or sinus, extensive	[\$XX]
[Excision of pilonidal cyst or sinus, complicated	[\$XX]
[Destruction of benign or premalignant lesions; one lesion	[\$XX]
[Destruction of benign or premalignant lesions, second thru 14 lesions, each	[\$XX]
[Wart destruction, up to 14	[\$XX]
[Wart destruction 15 or more	[\$XX]
[Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion, open, male or female, one or more lesions	[\$XX]
[Mastectomy, simple, complete	[\$XX]
[Radical mastectomy, including breast, pectoral muscles and axillary lymph nodes	[\$XX]
[Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction	[\$XX]
[Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion	[\$XX]
[Breast reconstruction with latissimus dorsi flap, without prosthetic implant	[\$XX]
[Breast reconstruction with free flap	[\$XX]
[Breast reconstruction with other technique	[\$XX]
[Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM)	[\$XX]
[Surgical Event Related to Thyroid	Scheduled Benefit]
[Excision of cyst or adenoma of thyroid	[\$XX]
[Partial thyroidectomy unilateral	[\$XX]
[Thyroidectomy, total or complete	[\$XX]
[Total or subtotal for malignancy with limited neck dissection	[\$XX]
[Total or subtotal for malignancy with radical neck dissection	[\$XX]
[Thyroidectomy, removal of all remaining thyroid tissue following previous removal of a portion of thyroid	[\$XX]
[Surgical Event Related to Urinary System	Scheduled Benefit]

[Cystoscopy	[\$[XX]]
[Nephrectomy	[\$[XX]]
[Kidney lithotripsy	[\$[XX]]
[Excision or fulguration of Skene's glands	[\$[XX]]
[Surgical Event for Transplants	Scheduled Benefit]
[Heart Transplant	[\$[XX]]
[Lung Transplant	[\$[XX]]
[Heart/Lung Transplant	[\$[XX]]
[Liver Transplant	[\$[XX]]
[Kidney Transplant	[\$[XX]]
[Pancreas Transplant	[\$[XX]]
[Bone Marrow/Stem Cell Transplant	[\$[XX]]
[Cornea Transplant	[\$[XX]]
[Skin Transplant	[\$[XX]]
[Surgical Event – Not Otherwise Listed	Scheduled Benefit]
[For all other surgical Covered Events not listed above:	[\$[XX]]

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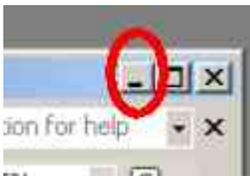
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