

SERFF Tracking Number: GRTT-126960150 State: Arkansas  
Filing Company: Guarantee Trust Life Insurance Company State Tracking Number: 47581  
Company Tracking Number:  
TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005A Individual - Preferred Provider (PPO)  
Product Name: PPACA Amendment Rider  
Project Name/Number: /

## Filing at a Glance

Company: Guarantee Trust Life Insurance Company

Product Name: PPACA Amendment Rider SERFF Tr Num: GRTT-126960150 State: Arkansas  
TOI: H16I Individual Health - Major Medical SERFF Status: Closed-Approved- State Tr Num: 47581  
Closed  
Sub-TOI: H16I.005A Individual - Preferred Provider (PPO) Co Tr Num: State Status: Approved-Closed  
Filing Type: Form Reviewer(s): Rosalind Minor  
Author: Paul Doetsch Disposition Date: 12/29/2010  
Date Submitted: 12/22/2010 Disposition Status: Approved-Closed  
Implementation Date Requested: On Approval Implementation Date:  
State Filing Description:

## General Information

Project Name: Status of Filing in Domicile: Pending  
Project Number: Date Approved in Domicile:  
Requested Filing Mode: Domicile Status Comments:  
Explanation for Combination/Other: Market Type: Individual  
Submission Type: New Submission Individual Market Type: Individual  
Overall Rate Impact: Filing Status Changed: 12/29/2010  
State Status Changed: 12/29/2010  
Deemer Date: Created By: Paul Doetsch  
Submitted By: Paul Doetsch Corresponding Filing Tracking Number:  
PPACA: Non-Grandfathered Immed Mkt Reforms, Grandfathered Immed Mkt Reforms  
PPACA Notes: null  
Filing Description:  
To Be Filed:  
PPACA Amendment Riders  
RA-BHO Grandfathered – (for “grandfathered” policies and certificates)  
RA-BHO Non-Grandfathered – (for “non-grandfathered” policies and certificates)

Dear Sir or Madam:

SERFF Tracking Number: GRTT-126960150 State: Arkansas  
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 (PPO)  
 Product Name: PPACA Amendment Rider  
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Attached, for your review and approval, are copies of the captioned Patient Protection and Affordable Care Act (PPACA) amendment riders which will be attached to policies and certificates subject to PPACA requirements.

These riders were developed for compliance with the requirements for “grandfathered” and “non-grandfathered” group and individual health plans outlined in the Patient Protection and Affordable Care Act (PPACA).

Also enclosed is the PPACA Uniform Compliance Summary issued by the NAIC that has been completed for this filing. We hope that all is in order with this filing. Please do not hesitate to contact me if you have questions or comments regarding this filing.

Sincerely,

Paul Doetsch

## Company and Contact

### Filing Contact Information

Paul Doetsch, Senior Compliance Analyst pdoetsch@gtlc.com  
 1275 Milwaukee Ave. 847-904-5655 [Phone]  
 Glenview, IL 60025 847-699-0093 [FAX]

### Filing Company Information

Guarantee Trust Life Insurance Company CoCode: 64211 State of Domicile: Illinois  
 1275 Milwaukee Avenue Group Code: 687 Company Type: Mutual  
 1275 Milwaukee Avenue Group Name: State ID Number:  
 Glenview, IL 60025 FEIN Number: 36-1174500  
 (847) 460-4772 ext. [Phone]

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## Filing Fees

Fee Required? No  
 Retaliatory? No  
 Fee Explanation:  
 Per Company: No

SERFF Tracking Number: GRTT-126960150 State: Arkansas  
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(PPO)  
Product Name: PPACA Amendment Rider  
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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Guarantee Trust Life Insurance Company	\$0.00	12/22/2010	
Guarantee Trust Life Insurance Company	\$100.00	12/27/2010	43224130

SERFF Tracking Number: GRTT-126960150 State: Arkansas  
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(PPO)  
Product Name: PPACA Amendment Rider  
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	12/29/2010	12/29/2010

SERFF Tracking Number: GRTT-126960150 State: Arkansas  
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TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005A Individual - Preferred Provider  
(PPO)  
Product Name: PPACA Amendment Rider  
Project Name/Number: /

## Disposition

Disposition Date: 12/29/2010

Implementation Date:

Status: Approved-Closed

HHS Status: HHS Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: GRTT-126960150 State: Arkansas  
 Filing Company: Guarantee Trust Life Insurance Company State Tracking Number: 47581  
 Company Tracking Number:  
 TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005A Individual - Preferred Provider  
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 Product Name: PPACA Amendment Rider  
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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>Form</b>	PPACA Amendment	Approved-Closed	Yes
<b>Form</b>	PPACA Amendment	Approved-Closed	Yes

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 Product Name: PPACA Amendment Rider  
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## Form Schedule

### Lead Form Number: RA-BHO Grandfathered

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 12/29/2010	RA-BHO Grandfathered	Certificate Amendment	PPACA Amendment	Initial		50.000	Grandfathered Rider.pdf
		t, Insert Page, Endorsement or Rider					
Approved-Closed 12/29/2010	RA-BHO Non-Grandfathered	Certificate Amendment	PPACA Amendment	Initial		50.000	Non-Grandfathered Rider.pdf
		t, Insert Page, Endorsement or Rider					

**GUARANTEE TRUST LIFE INSURANCE COMPANY**  
1275 Milwaukee Avenue, Glenview, Illinois, 60025

**PATIENT PROTECTION AND AFFORDABLE CARE ACT GRANDFATHERED AMENDMENT  
RIDER**

**EFFECTIVE DATE:** January 1, 2011

This Rider is made a part of the Policy/Certificate to which it is attached. This Rider takes effect on the Effective Date shown above. If no date is shown above, it begins on the Policy's Effective Date.

Notwithstanding anything in the Policy or Certificate of Insurance to the contrary, it is hereby understood and agreed that the Policy/Certificate of Insurance shall provide coverage as provided herein. In the event of a conflict between the provisions of any other Section of Your Policy/Certificate and the provisions of this Rider, the provisions of this Rider shall prevail, except to the extent the provisions of Your Policy/Certificate are more beneficial to You than are the provisions of this Rider.

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

A new section titled "Patient Protection and Affordable Care Act of 2010" is hereby added to the Policy/Certificate. The benefits, terms, conditions, limitations, and exclusions contained in Your Policy/Certificate will change, as set forth below, as a result of the Patient Protection and Affordable Care Act.

**1. Definitions**

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

"Patient Protection and Affordable Care Act of 2010" means the Patient Protection and Affordable Care Act (Public Law 111-148) as amended by the Health Care and Education Reconciliation Act (Public Law 111-152).

**2. Lifetime Dollar Limits**

If Your Policy/Certificate contains a lifetime dollar maximum on all benefits, such lifetime dollar maximum no longer applies.

**3. Rescissions**

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

**4. Extension of Coverage to Dependents**

Notwithstanding the eligibility requirements described in Your Policy/Certificate, a child in Your family is eligible to become a Covered Person if the child: 1) is under age 26, and 2) is Your dependent as defined by Your Policy/Certificate.

**5. Preexisting Condition Limitations**

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

**CONDITIONS**

This Rider is subject to all terms, provisions, limitations, and exclusions of the Policy except where specifically changed by this Rider.

For **Guarantee Trust Life Insurance Company**

A handwritten signature in black ink, appearing to read "R. Stokan III", written over a light gray rectangular background.

President

A handwritten signature in black ink, appearing to read "Thomas J. Guilford", written over a light gray rectangular background.

Secretary

**GUARANTEE TRUST LIFE INSURANCE COMPANY**  
1275 Milwaukee Avenue, Glenview, Illinois, 60025

**PATIENT PROTECTION AND AFFORDABLE CARE ACT NON-GRANDFATHERED  
AMENDMENT RIDER**

**EFFECTIVE DATE:** January 1, 2011

This Rider is made a part of the Policy/Certificate to which it is attached. This Rider takes effect on the Effective Date shown above. If no date is shown above, it begins on the Policy's Effective Date.

Notwithstanding anything in the Policy or Certificate of Insurance to the contrary, it is hereby understood and agreed that the Policy/Certificate of Insurance shall provide coverage as provided herein. In the event of a conflict between the provisions of any other Section of Your Policy/Certificate and the provisions of this Rider, the provisions of this Rider shall prevail, except to the extent the provisions of Your Policy/Certificate are more beneficial to You than are the provisions of this Rider.

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

A new section titled "Patient Protection and Affordable Care Act of 2010" is hereby added to the Policy/Certificate. The benefits, terms, conditions, limitations, and exclusions contained in Your Policy/Certificate will change, as set forth below, as a result of the Patient Protection and Affordable Care Act.

**1. Definitions**

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

"Essential health benefits" means benefits covered under the Policy/Certificate, in at least the following categories: ambulatory patient services, emergency services, hospitalization, maternity and newborn care, mental health and substance use disorder services, including behavioral health treatment, prescription drugs, rehabilitative and habilitative services and devices, laboratory services, preventive and wellness services and chronic disease management, and pediatric services, including oral and vision care. Such benefits shall be consistent with those set forth under the Patient Protection and Affordable Care Act of 2010 and any regulations issued pursuant thereto.

"Patient Protection and Affordable Care Act of 2010" means the Patient Protection and Affordable Care Act (Public Law 111-148) as amended by the Health Care and Education Reconciliation Act (Public Law 111-152).

**2. Lifetime Dollar Limits**

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

**3. Annual Dollar Limits**

Essential Health Benefits provided within Your Policy/Certificate [are subject to a calendar year annual dollar maximum which may not be less than:

- \$750,000 for the calendar year beginning January 1, 2011
- \$1,250,000 for the calendar year beginning January 1, 2012,
- \$2,000,000 for the calendar year beginning January 1, 2013; and
- Unlimited for each calendar year beginning on or after January 1, 2014.

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

#### **4. Rescissions**

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

#### **5. Preventive Services**

In addition to the Covered Services listed in of Your Policy/Certificate, the following services shall be covered without regard to any deductible, copayment, or coinsurance requirement that would otherwise apply:

- (1) evidence-based items or services that have in effect a rating of “A” or “B” in the current recommendations of the United States Preventive Services Task Force;
- (2) immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention with respect to the Covered Person involved;
- (3) with respect to Covered Persons who are infants, children and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration;
- (4) with respect to Covered Persons who are women, such additional preventive care and screenings not described in paragraph (1) as provided for in comprehensive guidelines supported by the Health Resources and Services Administration.

#### **Extension of Coverage to Dependents**

Notwithstanding the eligibility requirements of Your Policy/Certificate, a child in Your family is eligible to become a Covered Person if the child: 1) is under age 26, and 2) is Your dependent as defined by Your Policy/Certificate.

#### **6. Preexisting Condition Limitations**

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

#### **7. Right to Appeal**

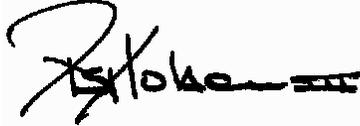
You have the right to appeal any decision or action taken by Us to deny, reduce or terminate the provision of or payment for health care services requested or received under Your Policy/Certificate. When We have denied, reduced, or terminated a requested service or payment for a service covered by Your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

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

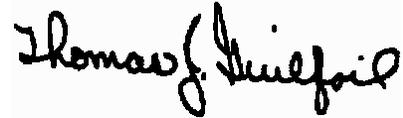
**CONDITIONS**

This Rider is subject to all terms, provisions, limitations, and exclusions of the Policy/Certificate except where specifically changed by this Rider.

For **Guarantee Trust Life Insurance Company**

A handwritten signature in black ink, appearing to read "R. Stokan III", written over a light gray rectangular background.

President

A handwritten signature in black ink, appearing to read "Thomas J. Guilford", written over a light gray rectangular background.

Secretary

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 (PPO)  
 Product Name: PPACA Amendment Rider  
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## Supporting Document Schedules

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b>	Flesch Certification	Approved-Closed	12/29/2010
<b>Comments:</b>			
<b>Attachment:</b>			
Readability.pdf			

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b>	Application	Approved-Closed	12/29/2010
<b>Bypass Reason:</b>	N/A		
<b>Comments:</b>			

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b>	Health - Actuarial Justification	Approved-Closed	12/29/2010
<b>Bypass Reason:</b>	N/A		
<b>Comments:</b>			

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b>	Outline of Coverage	Approved-Closed	12/29/2010
<b>Bypass Reason:</b>	N/A		
<b>Comments:</b>			

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b>	PPACA Uniform Compliance Summary	Approved-Closed	12/29/2010
<b>Comments:</b>			
<b>Attachment:</b>			



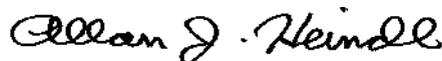
## CERTIFICATE OF READABILITY

Form Number(s): RA-BHO Grandfathered, et al

Flesch Test Score(s): 50.00

I hereby certify that to the best of my knowledge and belief, the above form(s) meet the minimum reading ease requirements of your Department. The Flesch Reading Ease Test score(s) are listed above.

GUARANTEE TRUST LIFE INSURANCE COMPANY



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Allan J. Heindl, FLMI, HIA, AIRC  
Vice President – Product Approval & Compliance

Date: December 22, 2010

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