

SERFF Tracking Number: ICCI-126935210 State: Arkansas  
Filing Company: Madison National Life Insurance Company, Inc. State Tracking Number: 47468  
Company Tracking Number: MNL PPACA EG 0910  
TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001A Any Size Group - PPO  
Product Name: MNL PPACA EG 0910  
Project Name/Number: MNL PPACA EG 0910/MNL PPACA EG 0910

## Filing at a Glance

Company: Madison National Life Insurance Company, Inc.

Product Name: MNL PPACA EG 0910 SERFF Tr Num: ICCI-126935210 State: Arkansas  
TOI: H16G Group Health - Major Medical SERFF Status: Closed-Approved- State Tr Num: 47468  
Closed

Sub-TOI: H16G.001A Any Size Group - PPO Co Tr Num: MNL PPACA EG 0910 State Status: Approved-Closed  
Filing Type: Form Reviewer(s): Rosalind Minor  
Author: Brenda Dawson Disposition Date: 12/13/2010  
Date Submitted: 12/07/2010 Disposition Status: Approved-  
Closed  
Implementation Date Requested: On Approval Implementation Date:  
State Filing Description:

## General Information

Project Name: MNL PPACA EG 0910 Status of Filing in Domicile:  
Project Number: MNL PPACA EG 0910 Date Approved in Domicile:  
Requested Filing Mode: Domicile Status Comments:  
Explanation for Combination/Other: Market Type: Group  
Submission Type: New Submission Group Market Size: Small and Large  
Overall Rate Impact: Group Market Type: Employer, Association  
Filing Status Changed: 12/13/2010 Explanation for Other Group Market Type:  
State Status Changed: 12/13/2010

Deemer Date:  
Submitted By: Brenda Dawson Created By: Brenda Dawson  
PPACA: Non-Grandfathered Immed Mkt Reforms, Grandfathered Immed Mkt Reforms  
Filing Description:  
Corresponding Filing Tracking Number:

We are hereby submitting the above referenced forms for review and approval in your state. These forms are new and are not intended to replace any forms previously approved in your state.

Insurance Compliance Consultants, Inc., is making this filing on behalf of Madison National Life Insurance Company, Inc. A filing authorization letter is attached. All correspondence should be addressed to Insurance Compliance Consultants, Inc., at the address shown above.

These forms are intended to be used with Group Major Medical Policy, MNL MMP 0205 previously approved by your

SERFF Tracking Number: ICCI-126935210 State: Arkansas  
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 Department on June 30, 2005.

These forms addresses the federal Patient Protection and Affordable Care Act (PPACA) provisions effective for plan years beginning on and after September 23, 2010.

These forms were prepared on a personal computer and will ultimately be printed from another data processing system that may cause some print style and/or page spacing changes. However, there will not be any changes to the actual text of the contract or to the general print size.

## Company and Contact

### Filing Contact Information

Brenda Dawson, Authorized Representative Brendaadawson@inscompliance.com  
 3925 East State Street, Suite 200 815-316-6714 [Phone]  
 Rockford, IL 61108 815-986-2355 [FAX]

### Filing Company Information

(This filing was made by a third party - insurancecomplianceconsultantsinc)

Madison National Life Insurance Company, Inc. CoCode: 65781 State of Domicile: Wisconsin  
 P. O. Box 5008 Group Code: Company Type:  
 Madison, WI 53705 Group Name: State ID Number:  
 (800) 356-9601 ext. [Phone] FEIN Number: 39-0990296

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## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Madison National Life Insurance Company, Inc.	\$50.00	12/07/2010	42699549
Madison National Life Insurance Company, Inc.	\$50.00	12/09/2010	42785276

SERFF Tracking Number: ICCL-126935210 State: Arkansas  
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	12/13/2010	12/13/2010

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	12/09/2010	12/09/2010	Brenda Dawson	12/09/2010	12/09/2010

SERFF Tracking Number: ICCI-126935210 State: Arkansas  
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Product Name: MNL PPACA EG 0910  
Project Name/Number: MNL PPACA EG 0910/MNL PPACA EG 0910

## Disposition

Disposition Date: 12/13/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *ICCI-126935210* State: *Arkansas*  
 Filing Company: *Madison National Life Insurance Company, Inc.* State Tracking Number: *47468*  
 Company Tracking Number: *MNL PPACA EG 0910*  
 TOI: *H16G Group Health - Major Medical* Sub-TOI: *H16G.001A Any Size Group - PPO*  
 Product Name: *MNL PPACA EG 0910*  
 Project Name/Number: *MNL PPACA EG 0910/MNL PPACA EG 0910*

<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>	PPACA Uniform Compliance Summary	Approved-Closed	Yes
<b>Supporting Document</b>	MNL Authorization Letter	Approved-Closed	Yes
<b>Form</b>	Amendatory Endorsement	Approved-Closed	Yes
<b>Form</b>	Amendatory Endorsement	Approved-Closed	Yes

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## Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 12/09/2010

Submitted Date 12/09/2010

Respond By Date

Dear Brenda Dawson,

This will acknowledge receipt of the captioned filing.

Objection 1

- Amendatory Endorsement, MNL PPACA AEG EG 0910 (Form)
- Amendatory Endorsement, MNL PPACA AENG EG 0910 (Form)

Comment:

Our filing fees under Rule and Regulation 57 have been updated. Please review the General Instructions for ArkansasLH or Rule and Regulation 57.

The fee for this submission is \$50.00 per form for a total of \$100.00. Please submit an additional \$50.00 for this submission.

We will begin our review of this submission upon receipt of the additional filing fee.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

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## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 12/09/2010  
Submitted Date 12/09/2010

Dear Rosalind Minor,

### Comments:

Thank you for your letter.

### Response 1

Comments: The additional filing fee has been added.

### Related Objection 1

Applies To:

- Amendatory Endorsement, MNL PPACA AEG EG 0910 (Form)
- Amendatory Endorsement, MNL PPACA AENG EG 0910 (Form)

Comment:

Our filing fees under Rule and Regulation 57 have been updated. Please review the General Instructions for ArkansasLH or Rule and Regulation 57.

The fee for this submission is \$50.00 per form for a total of \$100.00. Please submit an additional \$50.00 for this submission.

We will begin our review of this submission upon receipt of the additional filing fee.

### Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Thank you.



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## Form Schedule

### Lead Form Number: MNL PPACA EG 0910

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 12/13/2010	MNL PPACA AEG EG 0910	Certificate	Amendatory Amendmen t, Insert Page, Endorseme nt or Rider	Initial		0.000	MNL PPACA AEG EG 0910 _Grandfather ed Cases- ErGrpMkt_11 0810.pdf
Approved-Closed 12/13/2010	MNL PPACA AENG EG 0910	Certificate	Amendatory Amendmen t, Insert Page, Endorseme nt or Rider	Initial		0.000	MNL PPACA AENG EG 0910 _Non- Grandfathered Cases- ErGroupMkt_ 111610.pdf

# MADISON NATIONAL LIFE INSURANCE COMPANY, INC.

[P.O. Box 5008, Madison, WI 53705]

## AMENDATORY ENDORSEMENT – GRANDFATHERED HEALTH PLAN PATIENT PROTECTION AND AFFORDABLE CARE ACT OF 2010

We believe Your plan is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (“the Act”). As permitted by the Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that Your plan may not include certain consumer protections of the Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Act, for example, the elimination of lifetime limits on benefits. This Amendatory Endorsement describes below this change and others required by the Act.

Notwithstanding anything in Your Policy or Certificate to the contrary, it is hereby understood and agreed that Your Policy or Certificate to which this Amendatory Endorsement is attached is amended as follows:

To ensure compliance with federal health care reform’s Patient Protection and Affordable Care Act (the “Act”), including any amendments, regulations, rules or other guidance issued with respect to the Act, certain benefits, terms, conditions, limitations and exclusions in Your Policy or Certificate are being amended to comply with the Act. Regardless of the terms and conditions of any other provisions in Your Policy or Certificate, this Amendatory Endorsement will control. The following provisions apply under Your Policy or Certificate effective [September 23, 2010] [on Your Employer’s plan year beginning on or after September 23, 2010][, unless otherwise noted with an earlier effective date] or Your coverage Effective Date whichever is later:

### **Dependent Child Eligibility**

Any provisions of Your Policy or Certificate that indicates Your Child’s eligibility for coverage is based upon the Child being unmarried, or being financially dependent on You, or shares a residence with You, or meets certain student status requirements are hereby deleted. Your Child is eligible for coverage if the Child is less than 26 years of age regardless of financial dependency, residency with You, student status or marital status. Coverage does not include the spouse or child of such Dependent Child unless that child meets other coverage criteria established under applicable state law.

### **Dependent Child Termination**

Any provision of Your Policy or Certificate that indicates Your Child’s coverage will terminate when the Child marries, ceases to be financially dependent on You, ceases to share a residence with You, ceases to be a student, or the Child reaches a limiting age under age 26 are hereby deleted. The Termination provision applicable to Dependent Child termination is amended to add that the coverage for a Dependent Child will terminate on [the date] [on the next premium due date following the date] [the end of the month following the date] the Child reaches age 26.

[The Dependent Child Eligibility and Dependent Child Termination provisions are effective October 1, 2010.]

### **Lifetime Policy Dollar Limits**

Effective [September 23, 2010] [on Your Employer’s plan year beginning on or after September 23, 2010], Your Policy or Certificate is amended by deleting the Lifetime Policy dollar maximum and by deleting the Lifetime dollar maximum specifically for Essential Health Benefits.

### **[Calendar Year Policy Dollar Limits**

Effective [September 23, 2010] [on Your Employer’s plan year beginning on or after September 23, 2010], Essential Health Benefits are subject to a Calendar Year Policy maximum shown on Your Schedule of Benefits. [If Your Policy or Certificate does not have a Calendar Year Policy Maximum, Your Lifetime Maximum Benefit, as shown on Your Schedule of Benefits, will become Your Calendar Year Policy Maximum.]

[If Your Policy or Certificate has a Calendar Year Policy Maximum benefit, as shown on Your Schedule of Benefits, and the Maximum Benefit shown is less than \$750,000, the Maximum is deleted and replaced with \$750,000 and increases each Calendar Year to the annual dollar limit permitted by state and federal law.

The Calendar Year Policy Maximum benefit effective for plan years beginning on and after September 23, 2011 but before September 23, 2012 will be the greater of the amount shown on Your Schedule of Benefits or \$1,250,000.

The Calendar Year Policy Maximum benefit effective for plan years beginning on and after September 23, 2012 but before January 1, 2014 will be the greater of the amount shown on Your Schedule of Benefits or \$2,000,000.

Effective January 1, 2014 there is no Calendar Year Maximum Benefit for Essential Health Benefits.]

### **Rescissions**

Effective September 23, 2010, any statements on Your Application and any provision of Your Policy or Certificate that describes Our right to rescind or void the Insured/Covered Person's insurance coverage is amended to permit Us to rescind or void the insurance coverage of a Insured/Covered Person only if the individual, or You on behalf of that individual, performs an act, practice or omission that constitutes fraud; or makes an intentional misrepresentation of material fact.

We will provide at least 30 calendar days advance written notice of any rescission of insurance coverage. You have the right to request an internal appeal of a rescission of Your or Your Covered Dependent's insurance coverage. Once the internal appeal process is exhausted, You have the additional right to request an independent external review.

### **Pre-Existing Conditions**

The following provisions of Your Policy or Certificate do not apply to any Insured/Covered Person who is under the age of 19:

- (1) Any provision that describes a Pre-Existing Condition exclusion or limitation;
- (2) Any provision that indicates that a Pre-Existing Condition exclusion or limitation applies;
- (3) Any provision that indicates that benefits are contingent on an Injury occurring or Sickness first manifesting itself while the individual is covered under the Policy; and
- (4) Any provision that describes possible denial or rejection of insurance coverage due to the Insured/Covered Person not being insurable pursuant to Our underwriting guidelines.

For the purposes of this Amendatory Endorsement the following **Definition applies**:

**Essential Health Benefits:** Has the same meaning as found in section 1302(b) of the Act and as further defined by the Secretary of the United States Department of Health and Human Services and includes 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. Not all Essential Health Benefits may be covered under Your Policy or Certificate. Please refer to Your Policy or Certificate documents.

This Amendatory Endorsement is endorsed and made part of the Policy/Certificate to which it is attached. This Endorsement terminates concurrently with the date Your coverage under the Policy ends.

This Amendatory Endorsement is subject to all provisions of the Policy/Certificate which are not in conflict with the provisions of this Endorsement. Nothing in this Endorsement will be held to vary, alter, waive, or extend any of the terms, conditions, provisions, agreements, or limitations of the Policy other than stated above.

IN WITNESS WHEREOF, the Insurance Company has caused this Endorsement to be signed by its President.

**MADISON NATIONAL LIFE INSURANCE COMPANY. INC.**



Larry R. Graber  
President

Adam C. Vandervoort  
Secretary

# MADISON NATIONAL LIFE INSURANCE COMPANY, INC.

[P.O. Box 5008, Madison, WI 53705]

## AMENDATORY ENDORSEMENT PATIENT PROTECTION AND AFFORDABLE CARE ACT OF 2010

Notwithstanding anything in Your Policy or Certificate to the contrary, it is hereby understood and agreed that Your Policy or Certificate to which this Amendatory Endorsement is attached is amended as follows:

To ensure compliance with federal health care reform's Patient Protection and Affordable Care Act (the "Act"), including any amendments, regulations, rules or other guidance issued with respect to the Act, certain benefits, terms, conditions, limitations and exclusions in Your Policy or Certificate are being amended to comply with the Act. Regardless of the terms and conditions of any other provisions in Your Policy or Certificate, this Amendatory Endorsement will control. The following provisions apply under Your Policy or Certificate effective [September 23, 2010] [on Your Employer's plan year beginning on or after September 23, 2010][, unless otherwise noted with an earlier effective date] or Your coverage Effective Date whichever is later:

### **Dependent Child Eligibility**

Any provisions of Your Policy or Certificate that indicate Your Child's eligibility for coverage is based upon the Child being unmarried, or being financially dependent on You, or shares a residence with You, or meets certain student status requirements are hereby deleted. Your Child is eligible for coverage if the Child is less than 26 years of age regardless of financial dependency, residency with You, student status or marital status. Coverage does not include the spouse or child of such Dependent Child unless that child meets other coverage criteria established under applicable state law.

### **Dependent Child Termination**

Any provision of Your Policy or Certificate that indicates Your Child's coverage will terminate when the Child marries, ceases to be financially dependent on You, ceases to share a residence with You, ceases to be a student, or becomes eligible for other coverage under another employer sponsored plan, or the Child reaches a limiting age under age 26 are hereby deleted. The Termination provision applicable to Dependent Child termination is amended to add that the coverage for a Dependent Child will terminate on [the date] [on the next premium due date following the date] [the end of the month following the date] the Child reaches age 26.

[The Dependent Child Eligibility and Dependent Child Termination provisions are effective October 1, 2010.]

### **Lifetime Policy Dollar Limits**

Effective [September 23, 2010] [on Your Employer's plan year beginning on or after September 23, 2010], Your Policy or Certificate is amended by deleting the Lifetime Policy dollar maximum and by deleting the Lifetime dollar maximum specifically for Essential Health Benefits.

### **Calendar Year Policy Dollar Limits**

Effective [September 23, 2010] [on Your Employer's plan year beginning on or after September 23, 2010], Essential Health Benefits are subject to a Calendar Year Policy maximum shown on Your Schedule of Benefits. If Your Policy or Certificate does not have a Calendar Year Policy Maximum, Your Lifetime Maximum Benefit, as shown on Your Schedule of Benefits, will become Your Calendar Year Policy Maximum.

If Your Policy or Certificate has a Calendar Year Policy Maximum benefit, as shown on Your Schedule of Benefits, and the Maximum Benefit shown is less than \$750,000, the Maximum is deleted and replaced with \$[750,000][1,000,000] and increases each Calendar Year to the annual dollar limit permitted by state and federal law.

The Calendar Year Policy Maximum benefit effective for plan years beginning on and after September 23, 2011 but before September 23, 2012 will be the greater of the amount shown on Your Schedule of Benefits or \$1,250,000.

The Calendar Year Policy Maximum benefit effective for plan years beginning on and after September 23, 2012 but before January 1, 2014 will be the greater of the amount shown on Your Schedule of Benefits or \$2,000,000.

Effective January 1, 2014 there is no Calendar Year Maximum Benefit for Essential Health Benefits.

### **Preventive Services**

In addition to any other preventive screening services described in Your Policy or Certificate effective [September 23, 2010] [on Your plan year beginning on or after September 23, 2010] we will cover the following preventive services without regard to any cost-sharing requirements, such as Deductible, Copay or Coinsurance requirements that would otherwise apply. If You are covered under a PPO Network Plan, as shown on Your Schedule of Benefits, these services must be received from In-Network/Participating Providers to be covered unless otherwise specifically stated in Your Policy or Certificate:

- (1) Evidenced-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 Insured/Covered Person involved;
- (3) With respect to Insured/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; and
- (4) With respect to Insured/Covered Persons who are women, such additional preventive care and screenings not described in paragraph (1) above, as provided for in comprehensive guidelines supported by the Health Resources and Services Administration.

If Your Policy or Certificate includes any Riders attached thereto pertaining to preventive screening services or other wellness benefits subject to a Calendar Year Maximum Benefit, this Calendar Year Maximum Benefit is deleted.

### **Emergency Services**

Any provision of Your Policy or Certificate that provides Emergency Services is amended to provide Emergency Services without the need for any prior preauthorization or Pre-Certification. Emergency Services for a covered Illness/Sickness or Injury received by an Out-of-Network/Non-Participating Provider will be paid at the In-Network/Participating Provider benefit level subject to the same cost sharing requirements, such as Deductible, Copay and Coinsurance requirements that would otherwise apply as if the Emergency Services were provided by an In-Network/Participating Provider.

### **Rescissions**

Effective September 23, 2010, any statements on Your Application and any provision of Your Policy or Certificate that describes Our right to rescind or void the Insured/Covered Person's insurance coverage is amended to permit Us to rescind or void the insurance coverage of a Insured/Covered Person only if the individual, or You on behalf of that individual, performs an act, practice or omission that constitutes fraud; or makes an intentional misrepresentation of material fact.

We will provide at least 30 calendar days advance written notice of any rescission of insurance coverage. You have the right to request an internal appeal of a rescission of Your or Your Covered Dependent's insurance coverage. Once the internal appeal process is exhausted, You have the additional right to request an independent external review.

### **Pre-Existing Conditions**

The following provisions of Your Policy or Certificate do not apply to any Insured/Covered Person who is under the age of 19:

- (1) Any provision that describes a Pre-Existing Condition exclusion or limitation;
- (2) Any provision that indicates that a Pre-Existing Condition exclusion or limitation applies;
- (3) Any provision that indicates that benefits are contingent on an Injury occurring or Sickness first manifesting itself while the individual is covered under the Policy; and
- (4) Any provision that describes possible denial or rejection of insurance coverage due to the Insured/Covered Person not being insurable pursuant to Our underwriting guidelines.

### 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 or Certificate. When We have denied, reduced or terminated a requested service or payment for a service covered by the Policy or 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 the Policy or Certificate.

For the purposes of this Amendatory Endorsement the following **Definitions** apply:

**Emergency Medical Condition:** A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) so that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medication attention to result in:

1. Placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy;
2. Serious impairment to bodily functions; or
3. Serious dysfunction of any bodily organ or part.

**Emergency Services:** With respect to an Emergency Medical Condition Emergency Services means a medical screening examination that is within the capability of the emergency department of a Hospital, including ancillary services routinely available to the emergency department to evaluate such Emergency Medical Condition, and such further medical examination and treatment, to the extent they are within the capabilities of the staff and facilities available at the Hospital.

**Essential Health Benefits:** Has the same meaning as found in section 1302(b) of the Act and as further defined by the Secretary of the United States Department of Health and Human Services and includes 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. Not all Essential Health Benefits may be covered under Your Policy or Certificate. Please refer to Your Policy or Certificate documents.

This Amendatory Endorsement is endorsed and made part of the Policy/Certificate to which it is attached. This Endorsement terminates concurrently with the date Your coverage under the Policy ends.

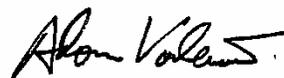
This Amendatory Endorsement is subject to all provisions of the Policy/Certificate which are not in conflict with the provisions of this Endorsement. Nothing in this Endorsement will be held to vary, alter, waive, or extend any of the terms, conditions, provisions, agreements, or limitations of the Policy other than stated above.

IN WITNESS WHEREOF, the Insurance Company has caused this Endorsement to be signed by its President.

### MADISON NATIONAL LIFE INSURANCE COMPANY. INC.



Larry R. Graber  
President



Adam C. Vandervoort  
Secretary

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## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification	Approved-Closed	12/13/2010
<b>Comments:</b>		
<b>Attachment:</b> Cert of Comp. with Rule 19 MNL EG PPACA 12-7-10.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Application	Approved-Closed	12/13/2010
<b>Comments:</b> The application were previously approved on June 30, 2005		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> PPACA Uniform Compliance Summary	Approved-Closed	12/13/2010
<b>Comments:</b>		
<b>Attachment:</b> AR EG PPACA (MNL MMP 0205).pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> MNL Authorization Letter	Approved-Closed	12/13/2010
<b>Comments:</b>		
<b>Attachment:</b> ICC Authorization letter Madison Nat 2010.pdf		

**Certificate of Compliance with  
Arkansas Rule and Regulation 19**

Insurer: Madison National Life Insurance Company, Inc.

Form Number(s): MNL PPACA AENG EG 0910, MNL PPACA AEG EG 0910

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirement of Rule and Regulation 19.



\_\_\_\_\_  
Signature of Company Officer

Larry R. Graber

Name

President

Title

December 7, 2010

Date

## PPACA Uniform Compliance Summary

**Please select the appropriate check box below to indicate which product is amended by this filing.**

**INDIVIDUAL HEALTH BENEFIT PLANS** (Complete [SECTION A](#) only)

**SMALL / LARGE GROUP HEALTH BENEFIT PLANS** (Complete [SECTION B](#) only)

This form filing compliance summary is to be submitted with your [endorsement][contract] to comply with the immediate market reform requirements of the Patient Protection and Affordable Care Act (PPACA). These PPACA requirements apply only to policies for health insurance coverage referred to as “major medical” in the statute, which is comprehensive health coverage that includes PPO and HMO coverage. This form includes the requirements for grandfathered (coverage in effect prior to March 23, 2010) and non-grandfathered plans, and relevant statutes. Refer to the relevant statute to ensure compliance. Complete each item to confirm that diligent consideration has been given to each. *(If submitting your filings electronically, bookmark the provision(s) in the form(s) that satisfy the requirement and identify the page/paragraph on this form.)*

**\*For all filings, include the Type of Insurance (TOI) in the first column.**

Check box if this is a paper filing.

### COMPANY INFORMATION

Company Name	NAIC Number	SERFF Tracking Number(s) *if applicable	Form Number(s) of Policy being endorsed	Rate Impact
				<input type="checkbox"/> Yes <input type="checkbox"/> No

## PPACA Uniform Compliance Summary

### SECTION A – Individual Health Benefit Plans

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	<b>Eliminate Pre-existing Condition Exclusions for Enrollees Under Age 19</b>	<i>[Sections 2704 and 1255 of the PHSA/Section 1201 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If <b>no</b> , please explain.
	Explanation:			
	Page Number:			
	<b>Eliminate Annual Dollar Limits on Essential Benefits</b> Except allows for “restricted” annual dollar limits for essential benefits for plan years prior to January 1, 2014.	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If <b>no</b> , please explain.
	Explanation:			
	Page Number:			
	<b>Eliminate Lifetime Dollar Limits on Essential Benefits</b>	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If <b>no</b> , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If <b>no</b> , please explain.
	Explanation:			
	Page Number:			
	<b>Prohibit Rescissions</b> – Except for fraud or intentional misrepresentation of material fact.	<i>[Section 2712 of the PHSA/Section 1001 of PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If <b>no</b> , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If <b>no</b> , please explain.
	Explanation:			
	Page Number:			

## PPACA Uniform Compliance Summary

### SECTION A – Individual Health Benefit Plans

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	<p><b>Preventive Services</b> – Requires coverage and prohibits the imposition of cost-sharing for specified preventative services.</p> <p>Explanation:</p> <p>Page Number:</p>	<i>[Section 2713 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If <b>no</b> , please explain.
	<p><b>Extends Dependent Coverage for Children Until age 26</b> – If a policy offers dependent coverage, it must include dependent coverage until age 26.</p> <p>Explanation:</p> <p>Page Number:</p>	<i>[Section 2714 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If <b>no</b> , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If <b>no</b> , please explain.
	<p><b>Appeals Process</b> – Requires establishment of an internal claims appeal process and external review process.</p> <p>Explanation:</p> <p>Page Number:</p>	<i>[Section 2719 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If <b>no</b> , please explain.
	<p><b>Emergency Services</b> – Requires plans that cover emergency services to provide such coverage without the need for prior authorization, regardless of the participating status of the provider, and at the in-network cost-sharing level.</p> <p>Explanation:</p> <p>Page Number:</p>	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If <b>no</b> , please explain.

## PPACA Uniform Compliance Summary

### SECTION A – Individual Health Benefit Plans

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	<p><b>Access to Pediatricians</b> – Mandates that if designation of a PCP for a child is required, the person be permitted to designate a physician who specialized in pediatrics as the child’s PCP if the provider is in-network.</p> <p>Explanation:</p> <p>Page Number:</p>	<p><i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i></p>	N/A	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If <b>no</b>, please explain.</p>
	<p><b>Access to OB/GYNs</b> – Prohibits authorization or referral requirements for obstetrical or gynecological care provided by in-network providers who specialize in obstetrics or gynecology.</p> <p>Explanation:</p> <p>Page Number:</p>	<p><i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i></p>	N/A	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If <b>no</b>, please explain.</p>

## PPACA Uniform Compliance Summary

### SECTION B – Group Health Benefit Plans (Small and Large)

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	<b>Eliminate Pre-existing Condition Exclusions for Enrollees Under Age 19</b>	<i>[Sections 2704 of the PHSA/Section 1201 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If <b>no</b> , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If <b>no</b> , please explain.
	Explanation:			
	Page Number:			
	<b>Eliminate Annual Dollar Limits on Essential Benefits –</b> Except allows for “restricted” annual dollar limits for essential benefits for plan years prior to January 1, 2014.	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If <b>no</b> , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If <b>no</b> , please explain.
	Explanation:			
	Page Number:			
	<b>Eliminate Lifetime Dollar Limits on Essential Benefits</b>	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If <b>no</b> , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If <b>no</b> , please explain.
	Explanation:			
	Page Number:			
	<b>Prohibit Rescissions –</b> Except for fraud or intentional misrepresentation of material fact.	<i>[Section 2712 of the PHSA/Section 1001 of PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If <b>no</b> , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If <b>no</b> , please explain.
	Explanation:			
	Page Number:			

## PPACA Uniform Compliance Summary

### SECTION B – Group Health Benefit Plans (Small and Large)

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	<b>Preventive Services</b> – Requires coverage and prohibits the imposition of cost-sharing for specified preventative services	<i>[Section 2713 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If <b>no</b> , please explain.
	Explanation:			
	Page Number:			
	<b>Extends Dependent Coverage for Children Until age 26</b> – If a policy offers dependent coverage, it must include dependent coverage until age 26. ◇	<i>[Section 2714 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes <sup>◇</sup> <input type="checkbox"/> No If <b>no</b> , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If <b>no</b> , please explain.
	Explanation:			
	Page Number:			
	<b>Appeals Process</b> – Requires establishment of an internal claims appeal process and external review process.	<i>[Section 2719 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If <b>no</b> , please explain.
	Explanation:			
	Page Number:			

◇ For plan years beginning before January 1, 2014, grandfathered group plans are not required to extend coverage to a child until the age of 26 if such child is eligible to enroll in another employee-sponsored plan

## PPACA Uniform Compliance Summary

### SECTION B – Group Health Benefit Plans (Small and Large)

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	<p><b>Emergency Services</b> – Requires plans that cover emergency services to provide such coverage without the need for prior authorization, regardless of the participating status of the provider, and at the in-network cost-sharing level.</p> <p>Explanation:</p> <p>Page Number:</p>	<p><i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i></p>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If <b>no</b> , please explain.
	<p><b>Access to Pediatricians</b> – Mandates that if designation of a PCP for a child is required, the person be permitted to designate a physician who specialized in pediatrics as the child’s PCP if the provider is in-network.</p> <p>Explanation:</p> <p>Page Number:</p>	<p><i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i></p>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If <b>no</b> , please explain.
	<p><b>Access to OB/GYNs</b> – Prohibits authorization or referral requirements for obstetrical or gynecological care provided by in-network providers who specialize in obstetrics or gynecology.</p> <p>Explanation:</p> <p>Page Number:</p>	<p><i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i></p>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If <b>no</b> , please explain.



## Madison National Life

January 1, 2010

Mr. Brian Camling  
President  
Insurance Compliance Consultants, Inc.  
3925 East State Street, Suite 200  
Rockford, IL 61108

Dear Mr. Camling:

Please accept this letter as written confirmation that Insurance Compliance Consultants, Inc., has authority to file the attached form(s) or a state specific variation of it, and to act on behalf of Madison National Life Insurance Company, Inc. regarding such filings, in all jurisdictions where this form(s) or a state specific variation of it is being filed. Madison National may withdraw this authorization at any time, by giving notice to Insurance Compliance Consultants.

Sincerely,

A handwritten signature in cursive script that reads "Larry R. Graber". The signature is written in black ink and is positioned above the printed name.

Larry Graber