

SERFF Tracking Number: FRCS-126486651 State: Arkansas
Filing Company: Columbian Life Insurance Company State Tracking Number: 44757
Company Tracking Number: 5063
TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.001 Student
Product Name: General Endorsement for Arkansas Residents
Project Name/Number: cml/75/75

Filing at a Glance

Company: Columbian Life Insurance Company

Product Name: General Endorsement for Arkansas Residents SERFF Tr Num: FRCS-126486651 State: Arkansas

Arkansas Residents

TOI: H04 Health - Blanket Accident/Sickness SERFF Status: Closed-Approved-Closed State Tr Num: 44757

Sub-TOI: H04.001 Student

Co Tr Num: 5063

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Rosalind Minor

Authors: Bob Motley, Aaron Clark

Disposition Date: 02/10/2010

Date Submitted: 02/03/2010

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: cml/75

Project Number: 75

Requested Filing Mode:

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments: Not being submitted in the domicile state.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 02/10/2010

Explanation for Other Group Market Type:

State Status Changed: 02/10/2010

Deemer Date:

Created By: Aaron Clark

Submitted By: Bob Motley

Corresponding Filing Tracking Number:

Filing Description:

We have been retained by Columbian Life Insurance Company to file the attached form for approval in your state.

Our fee of \$50 has been sent by EFT on this same date.

This Endorsement will be used with previously approved Group Student Accident and Sickness Policy form 9F138-CL, which was approved by your department on May 21, 2002. This General Endorsement will replace previously approved Endorsement Form 9E742-CL. The only change to the Endorsement is to include a definition for "Mental Illness and

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Substance Abuse Disorder” to address mental parity due to recent laws enacted in your state.
 We have also enclosed a copy of the Explanation of Variables for the Policy, as supporting information, to indicate how mental disorders and substance abuse will be addressed in the Schedule of Benefits. See highlighted text in Form 9F138-CL AR EOV.

To the best of our knowledge, this filing is complete and intended to comply with the insurance laws of your jurisdiction.

Company and Contact

Filing Contact Information

Aaron Clark, Technician aaron.clark@firstconsulting.com
 1020 Central 800-927-2730 [Phone] 2835 [Ext]
 Suite 201 816-391-2755 [FAX]
 Kansas City, MO 64105

Filing Company Information

(This filing was made by a third party - FC01)

Columbian Life Insurance Company	CoCode: 76023	State of Domicile: Illinois
4704 Vestal Parkway East	Group Code: 535	Company Type:
P.O. BOX 1381	Group Name:	State ID Number:
Binghamton, NY 13902-1381	FEIN Number: 16-1321681	
(800) 328-2739 ext. 203[Phone]		

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	\$50.00 per form filing times one form equals \$50.00.
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Columbian Life Insurance Company	\$50.00	02/03/2010	33967274

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	02/10/2010	02/10/2010

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Disposition

Disposition Date: 02/10/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Authorization	Approved-Closed	Yes
Supporting Document	Certification of Compliance	Approved-Closed	Yes
Supporting Document	Explanation of Variables	Approved-Closed	Yes
Form	General Endorsement for Arkansas Residents	Approved-Closed	Yes

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Form Schedule

Lead Form Number: 9E836-CL

Schedule Item	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 02/10/2010	9E836-CL	Policy/Cont ract/Fratern al Arkansas Residents Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		41.800	9E836-CL AR General.pdf

GENERAL ENDORSEMENT FOR ARKANSAS RESIDENTS

This Endorsement is made a part of the policy to which it is attached.

PART B - DEFINITIONS is revised as follows:

1. **Accident** means an unexpected and sudden event that is independent of any other cause.
4. **Complications of Pregnancy** means the following:
 - (A) Hospital confinement required to treat conditions, such as the following, in a pregnant female: (1) acute nephritis; (2) nephrosis; (3) cardiac decompensation; (4) HELLP syndrome; (5) uterine rupture; (6) amniotic fluid embolism; (7) chorioamnionitis; (8) fatty liver in pregnancy; (9) septic abortion; (10) placenta accreta; (11) gestational hypertension; (12) puerperal sepsis; (13) peripartum cardiomyopathy; (14) cholestasis in pregnancy; (15) thrombocytopenia in pregnancy; (16) placenta previa; (17) placental abruption; (18) acute cholecystitis and pancreatitis in pregnancy; (19) postpartum hemorrhage; (20) septic pelvic thrombophlebitis; (21) retained placenta; (22) venous air embolus associated with pregnancy; (23) miscarriage; or (24) an emergency c-section required because of (a) fetal or maternal distress during labor, or (b) severe pre-eclampsia, or (c) arrest of descent or dilatation, or (d) obstruction of the birth canal by fibroids or ovarian tumors, or (e) necessary because of the sudden onset of a medical condition manifesting itself by acute symptoms of sufficient severity that, in the absence of immediate medical attention, will result in placing the life of the mother or fetus in jeopardy. For purposes of this paragraph, a c-section delivery is not considered to be an emergency c-section if it is merely for the convenience of the patient and/or doctor or solely due to a previous c-section.
 - (B) Treatment, diagnosis or care for conditions, including the following, in a pregnant female when the condition was caused by, necessary because of, or aggravated by the pregnancy: (1) hyperthyroidism, (2) hepatitis B or C, (3) HIV (4) Human papilloma virus, (5) abnormal PAP, (6) syphilis, (7) chlamydia, (8) herpes, (9) urinary tract infections, (10) thromboembolism, (11) appendicitis, (12) hypothyroidism, (13) pulmonary embolism, (14) sickle cell disease, (15) tuberculosis, (16) migraine headaches, (17) depression, (18) acute myocarditis, (19) asthma, (20) maternal cytomegalovirus, (21) urolithiasis, (22) DVT prophylaxis, (23) ovarian dermoid tumors, (24) biliary atresia and/or cirrhosis, (25) first trimester adnexal mass, (25) hydatidiform mole or (26) ectopic pregnancy.
8. **Dependent** means the insured student's spouse; or unmarried child (including step children if dependent on the insured Student) under the age of twenty-three (23) years, who is not self supporting or a child over the age of 23 who is incapable of self sustaining employment because of mental or physical handicap, and is chiefly dependent upon the insured student for maintenance and support. Proof of a Dependent's incapacity or dependence shall be furnished to Us after the child's attainment of the limiting age. We may request subsequent proof of incapacity or dependency no more than once every year. The insured student must provide proof that a child continues to be handicapped.

Newborn children of the insured student or covered single dependent will be covered from birth until 90 days old. For coverage to continue after 90 days, We must be notified and receive such additional premium, if any is required.

Children for whom the insured student has a legal obligation for the purposes of adoption, will be covered effective from the date the legal obligation begins. Coverage will continue until the legal obligation for the purposes of adoption ends, or the Policy Expiration Date, whichever occurs first.

Definition 9., **Domestic Partner**, is deleted from the Policy.

18. **Injury** means accidental bodily injury or injuries sustained by You which is the direct result of an accident, independent of disease or bodily infirmity or any other cause and occurs while Your coverage is in force. All related injuries and recurrent symptoms of the same or similar condition will be considered one Injury.

23. **Mental Illness and Substance Abuse Disorder** mean those illnesses and disorders that are covered by this Policy and listed in the International Classification of Diseases Manual and the Diagnostic and Statistical Manual of Mental Disorders. Unless specifically otherwise stated in this Policy Mental Illness includes Substance Abuse Disorders.

PART C - EXCLUSIONS is revised as follows:

3. Treatment where no Injury or Sickness is involved (physical examinations); or Elective Surgery and Elective Treatment including abortion, except cosmetic surgery made necessary by Injury, and except in-vitro fertilization; and preventive medicines.

Exclusion 10., which reads as follows is deleted from this Policy:

10. Routine new-born baby care, well baby nursery and related Physician's charges.

Nothing contained in this endorsement shall be held to alter, extend, vary or waive any other terms of the Policy, except as stated above. All such other terms of the Policy apply.

Signed for Columbian Life Insurance Company:



DANIEL J. FISCHER
Secretary



THOMAS E. RATTMANN
Chairman, President
and Chief Executive Officer

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: AR RDB DIST.pdf	Approved-Closed	02/10/2010

	Item Status:	Status Date:
Bypassed - Item: Application Bypass Reason: Not applicable for this filing. Comments:	Approved-Closed	02/10/2010

	Item Status:	Status Date:
Satisfied - Item: Authorization Comments: Attachment: Authorization 2010 dist.pdf	Approved-Closed	02/10/2010

	Item Status:	Status Date:
Satisfied - Item: Certification of Compliance Comments: Attachment: AR COC DIST.pdf	Approved-Closed	02/10/2010

	Item Status:	Status Date:
Satisfied - Item: Explanation of Variables Comments: Attachment:	Approved-Closed	02/10/2010

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9F138-CL AR EOV 1-10.pdf

**STATE OF ARKANSAS
READABILITY CERTIFICATION**

COMPANY NAME: Columbian Life Insurance Company

This is to certify that the form referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form Number	Score
9E836-CL	41.8



Dorothy M. Klie, FLMI, AIRC
Assistant Vice President, Policy Filing and
Assistant Secretary

February 3, 2010

Date

January 12, 2010

To: The Insurance Commissioner

Authorization

This letter, or a copy thereof, will authorize the consulting firm of First Consulting & Administration, Inc., Kansas City, Missouri, to represent this Company in matters before the Insurance Department.

This Authorization shall be valid until revoked by us.

Columbian Life Insurance Company

By:



Dorothy M. Klie, FLMI, AIRC
Title: Assistant Vice President, Policy
Filing and Assistant Secretary

**STATE OF ARKANSAS
CERTIFICATION OF COMPLIANCE**

Company Name: Columbian Life Insurance Company
Form Title(s): 9E836-CL
Form Number(s): General Endorsement for Arkansas Residents

I hereby certify that to the best of my knowledge and belief, the above form and submission complies with Reg. 19, as well as the other laws and regulations of the State of Arkansas.



Dorothy M. Klie, FLMI, AIRC
Assistant Vice President, Policy Filing and
Assistant Secretary

February 3, 2010
Date

EXPLANATION OF VARIABLES

Columbian Life Insurance Company
Group Student Blanket Accident and Sickness Term Insurance Policy 9F138-CL

COB Endorsement 9E583-CL
Insurance Continuation Endorsement 9E583-CL
Preferred Provider Endorsement 9E584-CL
Benefits Endorsement 9E743-CL
General Endorsement 9E836-CL

POLICY 9F138-CL

POLICY SCHEDULE

[A] – **Policyholder** - [Varies by school and state]

[B] – **Policy Number** – [X= 0 to 9]

[C] – **Policy Effective Date**- [Varies by date selected by Policyholder]

[D] – **Policy Expiration Date** – [Varies by date selected by Policyholder]

[E] – **Amendments/Endorsements** – [As shown or deleted, or specific form developed to meet a specific state's requirements]

[F] – **Classes of Eligible Persons Insured** – Varies by eligibility criteria selected by Policyholder]

PREMIUM SCHEDULE – Page 2

[A] – **Premium Schedule** – [Varies by dates, insured classifications, and premiums, all selected by Policyholder]

PART A-SCHEDULE OF BENEFITS – Page 3 (ver.1)

[A] - Maximum Basic Benefit For Each Loss - [\$1,000 - \$500,000] in \$500 increments; [Lifetime Benefit]; text, as shown or deleted

[B] - Basic Deductible - [\$0 - \$5,000] in \$10 increments; text, as shown or deleted

[C] –Covered Percentage – [50% - 100%] in 5% increments ; or [X%-PPO Allowable; X% non-PPO of Usual and Customary Charges Incurred] , X= 50% - 100% in 5% increments. PPO and non-PPO not to exceed 25% differential.

[D] – Health Service Benefits – [Varies by benefits selected by Policyholder]

[E] – Covered Services – Injury

e.1. Hospital Room & Board (R&B) – [X% of the], X= 50 –100 in 5% increments; [Usual and Customary Charges Incurred]; [Semiprivate room rate]; [[\$5-\$5,000][per day,][1st day,]]; [[\$5-\$5,000] each subsequent day]]; [up to [1 –60 days.]], in 1 day increments; [up to \$X], X= \$5-\$50,000 in \$5 increments; [Eligible Expenses Incurred]

e.2. Hospital Intensive Care Unit in lieu of (R&B) – [X% of the], X= 50 –100 in 5% increments; [Usual and Customary Charges Incurred]; [X times the], X = 2 – 5; [Semiprivate room rate]; [[\$5-\$5,000][per day,][1st day,]]; [[\$5-\$5,000] each subsequent day]; [up to [1 –60 days.]], in 1 day increments; [up to \$X], X= \$5-\$100,000 in \$5 increments; [No Benefit]; [Eligible Expenses Incurred]; [Paid under e.1.]

e.3. Hospital Miscellaneous (Inpatient) –[X% of the], X= 50 –100 in 5% increments; [Usual and Customary Charges Incurred]; [X times the], X = 2 – 5; [[\$5-\$5,000][per day,][1st day,]]; [[\$5-\$5,000] each subsequent day]; [up to [1 –60 days.]], in 1 day increments; [up to \$X], X= \$5-\$100,000 in \$5 increments; [Eligible Expenses Incurred]; [Paid under e.1.]

e.4. Hospital Outpatient Surgical Miscellaneous –[X% of the], X= 50 –100 in 5% increments; [Usual and Customary Charges Incurred]; [up to \$X], X= \$5-\$100,000 in \$5 increments; [Eligible Expenses Incurred];

e.5. Surgical Treatment –[X% of the], X= 50 –100 in 5% increments; [Usual and Customary Charges Incurred]; [up to \$X], X= \$5-\$100,000 in \$5 increments; [Eligible Expenses Incurred]

e.6. Assistant Surgeon - [X% of the], X = 50 – 100 in 5% increments; [Usual and Customary Charges Incurred]; [up to \$X], X= \$5-\$100,000 in \$5 increments; [No Benefit]; [Eligible Expenses Incurred]; [X% of Surgical Treatment], X= 5-50 in 5% increments; [Paid under e.5.]

e.7. Anesthetist - [X% of the], X = 50 –100 in 5% increments; [Usual and Customary Charges Incurred]; [up to \$X], X= \$5-\$100,000 in \$5 increments; [No Benefit]; [Eligible Expenses Incurred]; [X% of Surgical Treatment], X= 5-50 in 5% increments; [Paid under e.5.]

e.8. Consultant Physician - [X% of the], X = 50 – 100 in 5% increments; [Usual and Customary Charges Incurred]; [up to \$X], X= \$5-\$100,000 in \$5 increments; [No Benefit]; [Eligible Expenses Incurred]; [Paid under [e.9.][e.10.]]

e.9. Physician's Non-Surgical Visits (Inpatient) – [X% of the], X = 50 – 100 in 5% increments; [Usual and Customary Charges Incurred]; [[up to [\$5 - \$1,000] [per visit,][1st visit,]]; [[[\$5 - \$1,000][each subsequent visit][the 2nd visit,];[up to [\$5 - \$10,000]]; [[after a \$X], X = 5 – 200 in \$5 increments][deductible][copay]]; [up to a maximum of [1-25] visits]]; [includes Physical Therapy]; [Eligible Expenses Incurred]; [No Benefit]; [1 visit/day]; [not paid day of surgery]

e.10. Physician's Non-Surgical Visits (Outpatient) – [X% of the], X = 50 – 100 in 5% increments; [Usual and Customary Charges Incurred]; [[up to [\$5 - \$1,000] [per visit,][1st visit,]]; [[[\$5 - \$1,000][each subsequent visit][the 2nd visit,]; [up to [\$5 - \$10,000]]; [[includes] Emergency Room Physician [up to][[\$5 - \$1,000]]; [[after a \$X], X = 5 – 200 in \$5 increments][deductible][copay]]; [up to a maximum of [1-25] [includes Physical Therapy]; [Eligible Expenses Incurred]; [No Benefit]; [1 visit/day]; [not paid day of surgery]

e.11. Physical Therapist – [X% of the], X = 50 – 100 in 5% increments; [Usual and Customary Charges Incurred]; [[up to [\$5 - \$1,000] [per visit,][1st visit,]]; [[[\$5 - \$1,000][each subsequent visit][the 2nd visit,]; [up to [\$5 - \$10,000]]; [[after a \$X], X = 5 – 200 in \$5 increments][deductible][copay]]; [up to a maximum of [1-25] [Eligible Expenses Incurred]; [No Benefit]; [Paid under [e.3.][e.9][e.10]]

e.12. Inpatient Pathology and Radiology Services - [X% of the], X = 50 –100 in 5% increments; [Usual and Customary Charges Incurred]; [up to [\$5 - \$50,000]]; [Eligible Expenses Incurred]; [Paid under e.3]; [[includes [MRI's][CAT scans][bone scans]]

e.13. Outpatient Diagnostic, X-ray and Lab Services – [X% of the], X = 50 –100 in 5% increments; [Usual and Customary Charges Incurred]; [up to [\$5 - \$50,000]]; [Eligible Expenses Incurred]; [No Benefit]; [Paid under e.4]

e.14. Hospital Emergency Room (Outpatient) - [X% of the], X = 50 –100 in 5% increments; [Usual and Customary Charges Incurred]; [up to [\$5 - \$50,000]]; [Eligible Expenses Incurred]; [No Benefit]; [includes Emergency Room Physician services]

e.15. Ambulance Services - [X% of the], X = 50 –100 in 5% increments; [Usual and Customary Charges Incurred]; [up to [\$5 - \$50,000]]; [Eligible Expenses Incurred]; [No Benefit]; [[air or][ground service][only]]; [only paid when admitted as an inpatient]

e.16. Orthopedic Appliances - [X% of the], X = 50 –100 in 5% increments; [Usual and Customary Charges Incurred]; [up to [\$5 - \$50,000]]; [when prescribed]; [Eligible Expenses Incurred]; [No Benefit]

e.17. Prescription Drugs - [X% of the], X = 50 –100 in 5% increments; [Usual and Customary Charges Incurred]; [up to [\$5 - \$50,000]]; [per Policy Year]; [take-home only]; [[after a \$X], X = 5 - 200 in \$5 increments][deductible][copay][Eligible Expenses Incurred]; [No Benefit]

e.18. Home Care – [Paid same as any Sickness]; [Paid under mandated benefits]; [X% of the], X = 50 –100 in 5% increments; [Usual and Customary Charges Incurred]; [up to [\$5 - \$50,000]]; [Eligible Expenses Incurred]; [No Benefit]

e.19. Dental Treatment – [Injury Only]; [[\$X per tooth][,up to \$X]], X = \$5 - \$5,000 in \$5 increments; [X% of the], X = 50 – 100 in 5% increments; [Usual and Customary Charges Incurred]; [Eligible Expenses Incurred]; [No Benefit]

e.20. Motor Vehicle Injury - [Paid same as any Injury]; [X% of the], X = 50 – 100 in 5% increments; [Usual and Customary Charges Incurred]; [up to [\$5 - \$50,000]]; [Eligible Expenses Incurred]; [No Benefit]

e.21. Private Duty Nurse - [X% of the], X = 50 – 100 in 5% increments; [Usual and Customary Charges Incurred]; [up to [\$5 - \$50,000]]; [Eligible Expenses Incurred]; [No Benefit]

[F] – Covered Services – Sickness

f.1. Hospital Room & Board (R&B) – [X% of the], X = 50 –100 in 5% increments; [Usual and Customary Charges Incurred]; [Semiprivate room rate]; [[\$5-\$5,000][per day,][1st day,] [\$5-\$5,000] each subsequent day]; [up to [1 –60 days.]] in 1 day increments; [up to \$X], X= \$5-\$50,000 in \$5 increments; [Eligible Expenses Incurred]

f.2. Hospital Intensive Care Unit in lieu of (R&B) – [X% of the], X = 50 – 100 in 5% increments; [Usual and Customary Charges Incurred]; [X times the], X = 2 - 5; [Semiprivate room rate]; [[\$5-\$5,000][per day,][1st day,] [\$5-\$5,000] each subsequent day]; [up to [1 –60 days.]], in 1 day increments; [up to \$X], X= \$5-\$100,000 in \$5 increments; [No Benefit]; [Eligible Expenses Incurred]; [Paid under f.1]

f.3. Hospital Miscellaneous (Inpatient) – [X% of the], X = 50 – 100 in 5% increments; [Usual and Customary Charges Incurred]; [[\$5-\$5,000][per day,][1st day,][[\$5-\$5,000] each subsequent day]; [up to [1 –60 days.]], in 1 day increments; [up to \$X], X= \$5-\$100,000 in \$5 increments; [Eligible Expenses Incurred]; [Paid under f.1.]

f.4. Hospital Outpatient Surgical Miscellaneous – [X% of the], X = 50 – 100 in 5% increments; [Usual and Customary Charges Incurred]; [up to \$X], X= \$5-\$100,000 in \$5 increments; [Eligible Expenses Incurred]

f.5. Surgical Treatment – [X% of the], X = 50 – 100 in 5% increments; [Usual and Customary Charges Incurred]; [up to \$X], X= \$5-\$100,000 in \$5 increments; [Eligible Expenses Incurred]

f.6. Assistant Surgeon - [X% of the], X = 50 – 100 in 5% increments; [Usual and Customary Charges Incurred]; [up to \$X], X= \$5-\$100,000 in \$5 increments; [No Benefit]; [Eligible Expenses Incurred]; [X% of Surgical Treatment], X= 5-50 in 5% increments; [Paid under f.5.]

f.7. Anesthetist - [X% of the], X = 50 – 100 in 5% increments; [Usual and Customary Charges Incurred]; [up to \$X], X= \$5-\$100,000 in \$5 increments; [No Benefit]; [Eligible Expenses Incurred]; [X% of Surgical Treatment], X= 5-50 in 5% increments; [Paid under f.5.]

f.8. Consultant Physician - [X% of the], X = 50 – 100 in 5% increments; [Usual and Customary Charges Incurred]; [up to \$X], X= \$5-\$100,000 in \$5 increments; [No Benefit]; [Eligible Expenses Incurred]; [Paid under [f.9.][f.10.]]

f.9. Physician's Non-Surgical Visits (Inpatient) – [X% of the], X = 50 – 100 in 5% increments; [Usual and Customary Charges Incurred]; [[up to [\$5 - \$1,000] [per visit,][1st visit,]]; [[\$5 - \$1,000][each subsequent visit][the 2nd visit,]; [up to [\$5 - \$10,000]]; [[after a \$X], X = 5 – 200 in \$5 increments][deductible][copay]]; [up to a maximum of [1-25] visits]; [includes Physical Therapy]; [Eligible Expenses Incurred]; [No Benefit]; [1 visit/day]; [not paid day of surgery]

f.10. Physician's Non-Surgical Visits (Outpatient) – [X% of the], X = 50 – 100 in 5% increments; [Usual and Customary Charges Incurred]; [[up to [\$5 - \$1,000][per visit,][1st visit,]; [\$5 - \$1,000][each subsequent visit][the 2nd visit,];[up to [\$5 - \$10,000]]; [[includes][Emergency Room Physician [up to] [\$5 - \$1,000]]; [[after a \$X], X = 5 – 200 in \$5 increments][deductible][copay]]; [up to a maximum of [1-25]; [includes Physical Therapy]; [Eligible Expenses Incurred]; [No Benefit]; [not paid day of surgery]

f.11. Physical Therapist – [X% of the], X = 50 – 100 in 5% increments; [Usual and Customary Charges Incurred]; [[up to [\$5 - \$1,000] [per visit,][1st visit,]]; [[\$5 - \$1,000][each subsequent visit][the 2nd visit,]; [up to [\$5 - \$10,000]]; [Eligible Expenses Incurred]; [No Benefit]; [Paid under [f.3.][f.9.][f.10.]]

f.12. Inpatient Pathology and Radiology Services - [X% of the], X = 50 – 100 in 5% increments; [Usual and Customary Charges Incurred]; [up to [\$5 - \$50,000]]; [Eligible Expenses Incurred]; [Paid under f.3.]; [[includes [MRI's][CAT scans][bone scans]]

f.13. Outpatient Diagnostic, X-ray and Lab Services – [X% of the], X = 50 – 100 in 5% increments; [Usual and Customary Charges Incurred]; [up to [\$5 - \$50,000]]; [Eligible Expenses Incurred]; [No Benefit]; [Paid under f.4.]

f.14. Hospital Emergency Room (Outpatient) - [X% of the], X = 50 – 100 in 5% increments; [Usual and Customary Charges Incurred]; [up to [\$5 - \$50,000]]; [Eligible Expenses Incurred]; [No Benefit]; [includes Emergency Room Physician]

f.15. Chemotherapy – [X% of the], X = 50 – 100 in 5% increments; [Usual and Customary Charges Incurred]; [up to [\$5 - \$50,000]]; [Eligible Expenses Incurred]; [No Benefit]; [Paid under f.3.]; [Paid under Major Medical]

f.16. Radiation Therapy - [X% of the], X = 50 – 100 in 5% increments; [Usual and Customary Charges Incurred]; [up to [\$5 - \$50,000]]; [Eligible Expenses Incurred]; [No Benefit]; [Paid under f.3.]; [Paid under Major Medical]

f.17. Ambulance Services - [X% of the], X = 50 – 100 in 5% increments; [Usual and Customary Charges Incurred]; [up to [\$5 - \$50,000]]; [Eligible Expenses Incurred]; [No Benefit]; [[air or][ground service][only]]; [only paid when admitted as an inpatient]

f.18. Maternity Benefit – [Paid same as any Sickness]; [conception must occur while covered under the Policy]

f.19. Mental and Nervous Disorders – [Paid same as any Sickness]; [No Benefit]

f.20. Substance Abuse Treatment - [Paid same as any Sickness]; [No Benefit]

f.21. Orthopedic Appliances - [X% of the], X = 50 – 100 in 5% increments; [Usual and Customary Charges Incurred]; [up to [\$5 - \$50,000]]; [when prescribed]; [Eligible Expenses Incurred]; [No Benefit]; [Paid under][f.3.][f.4]

f.22. Prescription Drugs - [X% of the], X = 50 – 100 in 5% increments; [Usual and Customary Charges Incurred]; [up to [\$5 - \$50,000]]; [per Policy Year]; [take-home only]; [[after a \$X [deductible][copay]], \$X = \$5 - \$500 in \$5 increments; [Eligible Expenses Incurred]; [No Benefit]

f.23. Home Care – [Paid same as any Sickness]; [Paid under Mandated Benefits]; [X% of the], X = 50 – 100 in 5% increments; [Usual and Customary Charges Incurred]; [up to [\$5 - \$50,000]]; [Eligible Expenses Incurred]; [No Benefit]

f.24. Dental Treatment – [[X per tooth][,up to \$X]], X = \$5 - \$5,000 in \$5 increments; [X% of the], X = 50 – 100 in 5% increments; [Usual and Customary Charges Incurred]; [includes oral surgery for removal of impacted wisdom teeth]; [Eligible Expenses Incurred]; [No Benefit]

f.25. Private Duty Nurse - [X% of the], X = 50 – 100 in 5% increments; [Usual and Customary Charges Incurred]; [up to [\$5 - \$50,000]]; [Eligible Expenses Incurred]; [No Benefit]

[f.26. Other Covered Services] – [services requested by Policyholder]

[G] Major Medical Benefits – Page 4 – (ver. 1)

G.1. Maximum Major Medical Benefit for Each Loss – [\$X Lifetime Maximum]
\$X = \$1,000 to \$500,000 in \$500 increments; [Not Applicable]

G.2. Deductible Type – [each Loss]; [each Policy Year]; [\$X], X = \$10 – \$50,000 in \$10 increments; [Threshold Deductible]; [Corridor Deductible]; [\$X], X = \$10 - \$10,000 in \$10 increments; [Not Applicable]

G.3. Covered Percentage – [[X% of], X = 50 – 100 in 5% increments; [Eligible Expenses]; [Incurred]; [Not Applicable]

G.4. Out-of Pocket Maximum Per Loss – [\$X], X = 100 – 10,000 in \$10 increments; [per Insured]; [Not Applicable]

G.5. Narrative description of Major Medical Benefits – [Varies by benefits selected by Policyholder]

[H] Other Benefits – Page 4 – (ver. 1)

H.1. Death Benefit – [No Benefit]; [\$X], X = \$100 - \$50,000 in \$100 increments

H.2. Single Dismemberment/Loss of Eye – [No Benefit]; [\$X], X = \$100 – \$50,000 in \$100 increments

H.3. Double Dismemberment/Loss of Both Eyes - [No Benefit]; [\$X], X = \$100 – \$50,000 in \$100 increments

H.4. Medical Evacuation/Repatriation - [No Benefit]; [See Travel Assistance Brochure]; [\$X/\$Y], X and Y = \$100 – \$50,000 in \$100 increments

H.5. [Intercollegiate Sports]; [/Club Sports] Injuries - [No Benefit]; [Same as any Injury]; [up to]; [\$X], X = \$100 – \$50,000 in \$100 increments; [Paid under PART A 1.e.]

[I] Variable Provisions – Page 4 – (ver. 1)

- I.1. Benefits Determination – [as shown or deleted]; \$X = \$5 - \$500 in \$5 increments.
- I.2. Benefit Period – [as shown or deleted]
- I.3. Enrollment Period – [Varies by enrollment period and method selected by Policyholder]
- I.4. Pre-Existing Conditions Waiting Period – [as shown or deleted]; X = 30 –365 days or 1-12 months.
- I.5. Usual and Customary Charges – [Varies by published methodology selected by the Company for determining Usual and Customary Charges]

[J] Student Health Center Requirements – Page 4 – (ver. 1)

- J.1. [Varies by plan design selected by Policyholder]

PART A-SCHEDULE OF BENEFITS – Page 3 (ver. 2)

[A] - Maximum Basic Benefit For Each Loss - [\$1,000 - \$500,000] in \$500 increments; [Lifetime Benefit]; text, as shown or deleted

[B] - Basic Deductible - [\$0 - \$5,000] in \$10 increments; text, as shown or deleted

[C] –Covered Percentage – [50% - 100%] in 5% increments ; or [X%-PPO Allowable; X% of Usual and Customary Charges Incurred-non-PPO] , X= 50% - 100% in 5% increments.

[D] – Health Service Benefits – [Varies by benefits selected by Policyholder]

[E] – Covered Services – INPATIENT

e.1. Hospital Room & Board – [as shown or deleted]; [X% of the], X= 50 –100 in 5% increments; [Usual and Customary Charges Incurred]; [Semiprivate room rate]; [[\$5-\$5,000][per day,][1st day,]]; [[\$5-\$5,000] each subsequent day]]; [up to [1 –60 days.]], in 1 day increments; [up to \$X], X= \$5-\$50,000 in \$5 increments; [Eligible Expenses Incurred]

e.2. Hospital Intensive Care – [as shown, or deleted]; [X% of the], X= 50 –100 in 5% increments; [Usual and Customary Charges Incurred]; [X times the], X = 2 – 5; [Semiprivate room rate]; [[\$5-\$5,000][per day,][1st day,]]; [[\$5-\$5,000] each subsequent day]; [up to [1 –60 days.]], in 1 day increments; [up to \$X], X= \$5-\$100,000 in \$5 increments; [No Benefit]; [Eligible Expenses Incurred]; [Paid under e.1.]

e.3. Hospital Miscellaneous Inpatient – [as shown, or deleted, varies by services selected by Policyholder]; [X% of the], X= 50 –100 in 5% increments; [Usual and Customary Charges Incurred]; [X times the], X = 2 – 5; [[$\$5$ - $\$5,000$][per day,][1st day,]]; [[$\$5$ - $\$5,000$] each subsequent day]; [up to [1 –60 days.]], in 1 day increments; [up to $\$X$], X= $\$5$ - $\$100,000$ in $\$5$ increments; [Eligible Expenses Incurred]; [Paid under e.1.]

e.4. Surgical Treatment – [X% of the], X= 50 –100 in 5% increments; [Usual and Customary Charges Incurred]; [up to $\$X$], X= $\$5$ - $\$100,000$ in $\$5$ increments; [Eligible Expenses Incurred]

e.5. Assistant Surgeon - [X% of the], X = 50 – 100 in 5% increments; [Usual and Customary Charges Incurred]; [up to $\$X$], X= $\$5$ - $\$100,000$ in $\$5$ increments; [No Benefit]; [Eligible Expenses Incurred]; [X% of Surgical Treatment], X= 5-50 in 5% increments; [Paid under e.4.]

e.6. Anesthetist - [X% of the], X = 50 –100 in 5% increments; [Usual and Customary Charges Incurred]; [up to $\$X$], X= $\$5$ - $\$100,000$ in $\$5$ increments; [No Benefit]; [Eligible Expenses Incurred]; [X% of Surgical Treatment], X= 5-50 in 5% increments; [Paid under e.4.]

e.7. Private Duty Nurse - [X% of the], X = 50 – 100 in 5% increments; [Usual and Customary Charges Incurred]; [up to [$\$5$ - $\$50,000$]]; [Eligible Expenses Incurred]; [No Benefit]

e.8. Physician's Non-Surgical Visits – [X% of the], X = 50 – 100 in 5% increments; [Usual and Customary Charges Incurred]; [[up to [$\$5$ - $\$1,000$] [per visit,][1st visit,]]; [[$\$5$ - $\$1,000$][each subsequent visit][the 2nd visit,];[up to [$\$5$ - $\$10,000$]]; [[after a $\$X$], X = 5 – 200 in $\$5$ increments][deductible][copay]]; [up to a maximum of [1-25] visits]]; [includes Physical Therapy]; [Eligible Expenses Incurred]; [No Benefit]; [1 visit/day]; [not paid day of surgery]; [includes Consultant Physician]

e.9. Maternity Benefit – [Paid same as any Sickness]; [conception must occur while coverage is in force]

e.10. Mental and Nervous Disorders – [Paid same as any Sickness]; [[No Benefit]

e.11. Substance Abuse Treatment - [Paid same as any Sickness]; [No Benefit]

e.12. Motor Vehicle Injury - [Paid same as any Injury]; [X% of the], X = 50 – 100 in 5% increments; [Usual and Customary Charges Incurred]; [up to [$\$5$ - $\$50,000$]]; [Eligible Expenses Incurred]; [No Benefit]

[F] – Covered Services – OUTPATIENT

f.1. Hospital Outpatient Surgical Miscellaneous – [X% of the], X = 50 – 100 in 5% increments; [Usual and Customary Charges Incurred]; [up to \$X], X= \$5-\$100,000 in \$5 increments; [Eligible Expenses Incurred]

f.2. Surgical Treatment – [X% of the], X = 50 – 100 in 5% increments; [Usual and Customary Charges Incurred]; [up to \$X], X= \$5-\$100,000 in \$5 increments; [Eligible Expenses Incurred]

f.3. Assistant Surgeon - [X% of the], X = 50 – 100 in 5% increments; [Usual and Customary Charges Incurred]; [up to \$X], X= \$5-\$100,000 in \$5 increments; [No Benefit]; [Eligible Expenses Incurred]; [X% of Surgical Treatment], X= 5-50 in 5% increments; [Paid under f.2.]

f.4. Anesthetist - [X% of the], X = 50 – 100 in 5% increments; [Usual and Customary Charges Incurred]; [up to \$X], X= \$5-\$100,000 in \$5 increments; [No Benefit]; [Eligible Expenses Incurred]; [X% of Surgical Treatment], X= 5-50 in 5% increments; [Paid under f.2.]

f.5. Physician's Non-Surgical Visits – [X% of the], X = 50 – 100 in 5% increments; [Usual and Customary Charges Incurred]; [[up to [\$5 - \$1,000] [per visit,][1st visit,]]; [[[\$5 - \$1,000][each subsequent visit][the 2nd visit,];[up to [\$5 - \$10,000]]; [[after a \$X], X = 5 – 200 in \$5 increments][deductible][copay]]; [up to a maximum of [1-25] visits]]; [[includes][Emergency Room Physician [up to] [\$5 - \$1,000]]; [includes Physical Therapy]; [Eligible Expenses Incurred]; [No Benefit]; [1 visit/day]; [not paid day of surgery]; [includes Consultant Physician]

f.6. Physiotherapy – [X% of the], X = 50 – 100 in 5% increments; [Usual and Customary Charges Incurred]; [[up to [\$5 - \$1,000] [per visit,][1st visit,]]; [[[\$5 - \$1,000][each subsequent visit][the 2nd visit,]; [up to [\$5 - \$10,000]]; [[after a \$X], X = 5 – 200 in \$5 increments][deductible][copay]]; [up to a maximum of [1-25] visits]]; [Eligible Expenses Incurred]; [No Benefit]; [following surgery or hospital confinement]; [1 visit/day];[not paid day of surgery]

f.7. Outpatient Hospital Services - [X% of the], X = 50 – 100 in 5% increments; [Usual and Customary Charges Incurred]; [up to [\$5 - \$50,000]]; [Eligible Expenses Incurred]; [No Benefit]; [includes Emergency Room Physician]; [Paid under f.1]

f.8. Outpatient Diagnostic, X-ray and Lab Services – [X% of the], X = 50 – 100 in 5% increments; [Usual and Customary Charges Incurred]; [up to [\$5 - \$50,000]]; [Eligible Expenses Incurred]; [No Benefit]; [Paid under f.1.]

f.9. Hospital Emergency Room (Outpatient) - [X% of the], X = 50 – 100 in 5% increments; [Usual and Customary Charges Incurred]; [up to [\$5 - \$50,000]]; [Eligible Expenses Incurred]; [No Benefit]; [includes Emergency Room Physician]

f.10. Maternity Benefit – [Paid same as any Sickness]; [conception must occur while coverage is in force]

f.11. Mental and Nervous Disorders – [Paid same as any Sickness]; [No Benefit]

f.12. Substance Abuse Treatment - [Paid same as any Sickness]; [No Benefit]

f.13. Prescription Drugs - [X% of the], X = 50 – 100 in 5% increments; [Usual and Customary Charges Incurred]; [up to [\$5 - \$50,000]]; [take-home only]; [[after a \$X], \$X = \$5 - \$200 in \$5 increments] [deductible][copay]]; [per prescription]; [Eligible Expenses Incurred]; [No Benefit]

f.14. Motor Vehicle Injury - [Paid same as any Injury]; [X% of the], X = 50 – 100 in 5% increments; [Usual and Customary Charges Incurred]; [up to [\$5 - \$50,000]]; [Eligible Expenses Incurred]; [No Benefit]

[G] – Covered Services - OTHER

[g.1. Ambulance Services - [X% of the], X = 50 – 100 in 5% increments; [Usual and Customary Charges Incurred]; [up to [\$5 - \$50,000]]; [Eligible Expenses Incurred]; [No Benefit]; [[air or][ground service][only]]; [only paid when admitted as an inpatient]]

[g.2. Home Care – [Paid same as any Sickness]; [Paid under Mandated Benefits]; [X% of the], X = 50 – 100 in 5% increments; [Usual and Customary Charges Incurred]; [up to [\$5 - \$50,000]]; [Eligible Expenses Incurred]; [No Benefit]]

[g.3. Mammography – [Paid same as any Sickness]; [Paid under Mandated Benefits]; [X% of the], X = 50 – 100 in 5% increments; [Usual and Customary Charges Incurred]; [up to [\$5 - \$50,000]]; [Eligible Expenses Incurred]; [No Benefit]]

[g.4. Dental Treatment – [[X per tooth][,up to \$X]], X = \$5 - \$5,000 in \$5 increments; [X% of the], X = 50 – 100 in 5% increments; [Usual and Customary Charges Incurred]; [includes oral surgery for removal of impacted wisdom teeth]; [Eligible Expenses Incurred]; [No Benefit]]

[g.5. Elective Abortion – [Paid same as any Sickness]; [X% of the], X = 50 – 100 in 5% increments; [Usual and Customary Charges Incurred]; [up to [\$5 - \$50,000]]; [Eligible Expenses Incurred]; [Paid under [e.9.][f.10.]; [No Benefit]]

[g.6. Routine Pap Smears – [Paid same as any Sickness]; [Paid under Mandated Benefits]; [X% of the], X = 50 – 100 in 5% increments; [Usual and Customary Charges Incurred]; [up to [\$5 - \$50,000]]; [Eligible Expenses Incurred]; [No Benefit]]

[H] Major Medical (Supplemental Expense) Benefits – Page 4 – (ver. 2)

H.1. Maximum Major Medical Benefit for Each Loss – [\$X Lifetime Maximum]
\$X = \$1,000 to \$500,000 in \$500 increments; [Not Applicable]

H.2. Deductible Type – [each Loss]; [each Policy Year]; [\$X], X = \$10 –
\$50,000 in \$10 increments; [Threshold Deductible]; [Corridor
Deductible]; [\$X], X = \$10 - \$10,000 in \$10 increments; [Not Applicable]

H.3. Covered Percentage – [[X% of], X = 50 – 100 in 5% increments; [Eligible
Expenses]; [Incurred]; [Not Applicable]

H.4. Out-of Pocket Maximum Per Loss – [\$X], X = 100 – 10,000 in \$10
increments; [per Insured]; [Not Applicable]

H.5. Narrative description of Major Medical Benefits – [Varies by benefits
selected by Policyholder]

[I] Other Benefits – Page 4 – (ver. 2)

I.1. Death Benefit – [No Benefit]; [\$X], X = \$100 - \$50,000 in \$100 increments

I.2. Single Dismemberment/Loss of Eye – [No Benefit]; [\$X], X = \$100 –
\$50,000 in \$100 increments

I.3. Double Dismemberment/Loss of Both Eyes - [No Benefit]; [\$X], X = \$100 –
\$50,000 in \$100 increments

I.4. Medical Evacuation/Repatriation - [No Benefit]; [See Travel Assistance
Brochure]; [\$X/\$Y], X and Y = \$100 – \$50,000 in \$100 increments

I.5. [Intercollegiate Sports]; [/Club Sports] Injuries - [No Benefit]; [Same as any
Injury]; [up to]; [\$X], X = \$100 – \$50,000 in \$100 increments;

[J] Variable Provisions – Page 4 – (ver. 2)

J.1. Benefits Determination – [as shown or deleted]; \$X = \$5 - \$500 in \$5
increments.

J.2. Benefit Period – [as shown or deleted]

J.3. Enrollment Period – [Varies by enrollment period and method selected by
Policyholder]

J.4. Pre-Existing Conditions Waiting Period – [as shown or deleted]; X = 30 –365 days or 1-12 months.

J.5. Usual and Customary Charges – [Varies by published methodology selected by the Company for determining Usual and Customary Charges]

[K] Student Health Center Requirements – Page 4 – (ver. 2)

K.1. [Varies by plan design selected by Policyholder]

PART C – EXCLUSIONS – Page 11

If the SCHEDULE OF BENEFITS provides a benefit for a Covered Service, then the exclusion which lists the Covered Service will be deleted in whole or in part. Exclusions do not apply to state mandated benefits.. If an exclusion is deleted entirely, the numbering sequence will change.

All bracketed Exclusions – [as shown, or deleted in whole or part]

ENDORSEMENTS

COB Endorsement 9E583-CL

This is an optional benefit selected by the Policyholder. If COB is selected, endorsement is included with policy.

Insurance Continuation Endorsement 9E503-CL

[A] “continue their coverage for a period of...” [as shown or deleted]

Preferred Provider Endorsement 9E584-CL

This is an optional benefit selected by the Policyholder. If PPO Benefits are selected, endorsement is included with policy. PPO and non-PPO not to exceed 25% differential

[A] Preferred Provider Organization – [Varies by name of Preferred Provider Arrangement]

[B] PPO Provider Coinsurance Percentage – [X% of Allowable Charges], X = 50 – 100 in 5% increments

[C] Non-PPO Provider Coinsurance Percentage – [X% of Usual and Customary Charges], X = 50 – 100 in 5% increments

General Endorsement 9E836-CL and Benefit Endorsement 9E743-CL

Issued with all policies. Lists all revisions made to policy text and definitions to comply with Hawaii insurance law and explanation of benefits mandated by AR insurance law.