

SERFF Tracking Number: AFDL-126527958 State: Arkansas
 Filing Company: American Public Life Insurance Company State Tracking Number: 45091
 Company Tracking Number: GHR124AR ET AL
 TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
 Product Name: GHR124AR et al
 Project Name/Number: GHR124AR et al/GHR124AR et al

Filing at a Glance

Company: American Public Life Insurance Company

Product Name: GHR124AR et al

SERFF Tr Num: AFDL-126527958 State: Arkansas

TOI: H21 Health - Other

SERFF Status: Closed-Approved-
Closed State Tr Num: 45091

Sub-TOI: H21.000 Health - Other

Co Tr Num: GHR124AR ET AL

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Rosalind Minor

Authors: Shari Vick, Melissa
Mahanes, Ashlie Snyder, Tonya
Bittle

Disposition Date: 03/08/2010

Date Submitted: 03/04/2010

Disposition Status: Approved-
Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: GHR124AR et al

Status of Filing in Domicile: Not Filed

Project Number: GHR124AR et al

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

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: 03/08/2010

Explanation for Other Group Market Type:

State Status Changed: 03/08/2010

Deemer Date:

Created By: Melissa Mahanes

Submitted By: Melissa Mahanes

Corresponding Filing Tracking Number:
GHR124AR et al

Filing Description:

Enclosed for submission are the above-mentioned forms. In accordance with 23-99-500+, we are filing the forms in order to amend our MEDlink III policy approved by your department on April 17, 2008, we are submitting amendment rider GHR124AR. This rider amends the base policy to include the new definition of Mental or Emotional Disorder. We are also revising riders GM/GC MEDlink III OP R809AR and GM/GC MEDlink III OP POD R809AR (previously approved by your department on 4/17/08 and 8/16/08, respectively).

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We did not flesch these forms as all changes are being made due to regulatory requirements.

Company and Contact

Filing Contact Information

Melissa Mahanes, Compliance Analyst II melissa.mahanes@af-group.com
 2000 Classen Blvd 800-654-8489 [Phone] 2035 [Ext]
 Oklahoma City, OK 73106 405-523-5793 [FAX]

Filing Company Information

American Public Life Insurance Company CoCode: 60801 State of Domicile: Oklahoma
 2305 Lakeland Drive Group Code: 330 Company Type: LAH
 Flowood, MS 39232 Group Name: State ID Number:
 (601) 936-2157 ext. [Phone] FEIN Number: 64-0349942

Filing Fees

Fee Required? Yes
 Fee Amount: \$75.00
 Retaliatory? Yes
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Public Life Insurance Company	\$75.00	03/04/2010	34599181

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	03/08/2010	03/08/2010

SERFF Tracking Number: *AFDL-126527958* *State:* *Arkansas*
Filing Company: *American Public Life Insurance Company* *State Tracking Number:* *45091*
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Disposition

Disposition Date: 03/08/2010

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	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Form	Amendment Rider	Approved-Closed	Yes
Form	Outpatient Hospital Benefit Rider	Approved-Closed	Yes
Form	Outpatient Hospital Benefit Rider	Approved-Closed	Yes

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Form Schedule

Lead Form Number: GHR124AR et al

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 03/08/2010	GHR124AR	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Amendment Rider	Initial		0.000	GHR124AR Mental Health.pdf
Approved-Closed 03/08/2010	GM/GC MEDlink III OP POD R809AR	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Outpatient Hospital Benefit Rider	Initial		0.000	MEDlink III OP POD R809AR.pdf
Approved-Closed 03/08/2010	GM/GC MEDlink III OP R809AR	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Outpatient Hospital Benefit Rider	Initial		0.000	MEDlink III OP RiderR809AR .pdf



American Public Life Insurance Company

A member of the American Fidelity Group

2305 Lakeland Drive, Flowood, Mississippi 39232
(601) 936-6600 • (800) 256-8606

Amendment Rider

This rider is a part of the policy/certificate to which it is attached. It is subject to all the provisions of the policy/certificate that are not in conflict with the provisions of this rider. This rider will terminate on the same date as the policy/certificate to which it is attached.

The definition **Mental or Emotional Disorder** in the policy/certificate to which this rider is attached, is hereby removed in its entirety, and replaced with the following definition:

Mental or Emotional Disorder means those illnesses and disorders listed in the International Classification of Diseases Manual and the Diagnostic and Statistical Manual of Mental Disorders including, but not limited to, a neurosis, psychoneurosis, psychopathy, psychosis or mental or emotional disease or disorder of any kind. A Mental or Emotional Disorder also includes substance use disorders.

The **In-Hospital Benefit** in the policy/certificate to which this rider is attached, is hereby replaced in its entirety with the following:

In-Hospital Benefit: We will pay the Coinsurance Percentage for Covered Charges incurred by a Covered Person if:

- (a) the Covered Person is covered by Another Medical Plan when such Covered Charges are incurred, except as provided in the Absence of Other Medical Plan provision, described in this Section; and
- (b) such Covered Charges are incurred while the Covered Person is an Inpatient.

Benefits payable are limited to the Coinsurance Percentage of:

- (a) any out-of-pocket deductible amount incurred under the Other Medical Plan;
- (b) any out-of-pocket co-payment or coinsurance amounts the Covered Person actually incurs under the Other Medical Plan;
- (c) any out-of-pocket amount the Covered Person actually incurs under the Other Medical Plan for treatment of a Mental or Emotional Disorder;

up to the Maximum In-Hospital Benefit shown in the Schedule.

Benefits are limited to the Maximum Benefit Per Calendar Year listed on the Schedule for any In-Hospital Covered Charges and Outpatient Hospital Covered Charges, combined.

The **What We Will Not Pay** section in the policy/certificate to which this rider is attached, is hereby amended as follows

Item (k) "alcoholism or drug use, unless such drugs were taken on the advice of a Physician and taken as prescribed;" is removed.

President

Vice President

OUTPATIENT HOSPITAL BENEFIT RIDER

(This Rider is subject to all the Provisions, Conditions, Limitations and Exclusions of the Policy/Certificate to which it is attached which are not in conflict with those of the Rider.)

AGREEMENT

This Rider is a part of the Policy/Certificate to which it is attached. We have issued this Rider to You because:

- (a) You paid the initial additional premium; and
- (b) We relied on the application You made.

DEFINITIONS

Hospital Emergency Room means a portion of a Hospital where emergency diagnosis and treatment of Sickness or injury due to an Accident is provided.

Hospital Outpatient Facility means an area contained within a Hospital building that is owned and operated by the Hospital and not otherwise excluded under the terms of this policy where patients receive diagnostic testing or treatment without being admitted to the Hospital on an Inpatient basis.

Freestanding Outpatient Surgery Center means a freestanding facility, other than a Physician's Office, where surgical and diagnostic services are provided on an ambulatory basis.

Magnetic Resonance Imaging (MRI) Facility means a freestanding diagnostic imaging facility that provides diagnostic testing using magnetic resonance imaging.

Deductible means the amount, as shown in the Schedule of Benefits, of Covered Charges for which this rider will pay no benefits for Covered Outpatient Services.

OUTPATIENT HOSPITAL BENEFITS

After satisfaction of the Deductible shown in the Schedule of Benefits, We will pay the Coinsurance Percentage of out-of-pocket expenses for Covered Charges for Covered Outpatient Services up to the Maximum Outpatient Benefit shown on the Schedule of Benefits if the Covered Person is covered by Another Medical Plan at the time the Covered Charges are incurred. The Deductible will apply to each Covered Outpatient Service that is separated by 24 hours or more.

Covered Outpatient Services are:

- (a) Outpatient treatment in a Hospital Emergency Room without subsequently being considered an Inpatient and limited to two (2) visits per Calendar Year per Covered Person and four (4) visits per Calendar Year per family; and
- (b) Outpatient surgery performed in a Hospital Outpatient Facility or a Freestanding Outpatient Surgery Center; and
- (c) Outpatient diagnostic testing performed in a Hospital Outpatient Facility or a Magnetic Resonance Imaging (MRI) Facility; and
- (d) Outpatient treatment of a Mental or Emotional Disorder performed in a Hospital Outpatient Facility up to the Maximum Outpatient Benefit shown on the Schedule of Benefits.

Absence of Other Medical Plan: In the event a Covered Person has no Other Medical Plan in force when out-of-pocket expense is incurred:

- (a) benefits will be derived using the Assumed Other Medical Plan, as described below; and,
- (b) coverage under the Policy will be terminated for such Covered Person, and any other person in the same family unit whose Other Medical Plan coverage is not in effect. Such Covered Person(s) will not be entitled to any Extensions or Continuations described in Section 5, except COBRA Continuation, where applicable.

MAXIMUM OUTPATIENT HOSPITAL BENEFIT	ASSUMED OTHER MEDICAL PLAN
\$2,000 or less	\$100 deductible, then 20% co-insurance for the first \$5,000 of Covered Charges per Calendar Year per person.
\$2,001 - \$2,750	\$250 deductible, then 20% co-insurance for the first \$10,000 of Covered Charges per Calendar Year per person.
\$2,751 - \$4,250	\$500 deductible, then 20% co-insurance for the first \$10,000 of Covered Charges per Calendar Year per person.
\$4,251 or more	\$1,000 deductible, then 20% co-insurance for the first \$10,000 of Covered Charges per Calendar Year per person.

TERMINATION

This Rider terminates:

- (a) when Your coverage terminates under the Policy/Certificate to which this Rider is attached; or,
- (b) when any premium for this Rider is not paid before the end of the Grace Period; or,
- (c) when You give Us a written request to do so.

Coverage on a Dependent terminates under this Rider when such person ceases to be an Eligible Dependent.

PREMIUMS

While this Rider is in effect, premiums are due according to the terms of the Policy/Certificate. We reserve the right to change the premiums for this Rider. If We do change such premiums, We will do so only if We give You 45 days notice before such change becomes effective.

EFFECTIVE DATE

The Effective Date of this Rider is the Policy Date and the Benefit Amount, Premiums, Insured Persons and Issue Age are as shown in the Schedule of Benefits. Unless amended by this Rider, Policy/Certificate Definitions and Terms apply to this Rider.

Signed for American Public Life Insurance Company at Flowood, Mississippi.



President



Vice President

OUTPATIENT HOSPITAL BENEFIT RIDER

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Signed for American Public Life Insurance Company at Flowood, Mississippi.



President



Vice President

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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	03/08/2010
Comments:			
We did not flesch these forms since the changes are state-mandated language.			

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	03/08/2010
Bypass Reason:	not applicable		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Outline of Coverage	Approved-Closed	03/08/2010
Bypass Reason:	not applicable		
Comments:			