

SERFF Tracking Number: HUMA-126400261 State: Arkansas
Filing Company: Humana Insurance Company State Tracking Number: 45071
Company Tracking Number: AR VISION H1 DEPENDENT AGE
TOI: H20G Group Health - Vision Sub-TOI: H20G.000 Health - Vision
Product Name: AR Vision H1 Dependent Age
Project Name/Number: AR Vision H1 Dependent Age /AR Vision H1 Dependent Age

Filing at a Glance

Company: Humana Insurance Company

Product Name: AR Vision H1 Dependent Age SERFF Tr Num: HUMA-126400261 State: Arkansas
TOI: H20G Group Health - Vision SERFF Status: Closed-Approved- State Tr Num: 45071
Closed

Sub-TOI: H20G.000 Health - Vision Co Tr Num: AR VISION H1 State Status: Approved-Closed
DEPENDENT AGE

Filing Type: Form

Reviewer(s): Rosalind Minor
Authors: Erin Hermsen, Paula Disposition Date: 03/04/2010
Konop, Tina Huettl, Christi Conrad
Date Submitted: 03/02/2010 Disposition Status: Approved-
Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: AR Vision H1 Dependent Age
Project Number: AR Vision H1 Dependent Age
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 03/04/2010

Status of Filing in Domicile:
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Individual
Group Market Size:
Group Market Type:
Explanation for Other Group Market Type:
State Status Changed: 03/04/2010
Created By: Christi Conrad
Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Christi Conrad

Filing Description:

RE: Humana Vision Amendment Filing
HUMANA INSURANCE COMPANY
NAIC #119-73288

FORM: H1 AV Amend 12/09

SERFF Tracking Number: HUMA-126400261 State: Arkansas
Filing Company: Humana Insurance Company State Tracking Number: 45071
Company Tracking Number: AR VISION H1 DEPENDENT AGE
TOI: H20G Group Health - Vision Sub-TOI: H20G.000 Health - Vision
Product Name: AR Vision H1 Dependent Age
Project Name/Number: AR Vision H1 Dependent Age /AR Vision H1 Dependent Age

We respectfully submit for approval the enclosed amendment. This form is amending the definition of dependent.

To the best of our knowledge, we believe the enclosed forms satisfy the minimum requirements of applicable Arkansas statutes and regulations.

If you have any questions regarding this filing, please contact me by phone at 1-800-558-4444, extension 3765, or by e-mail at cconrad@humana.com

Sincerely,
HUMANA INSURANCE COMPANY

Christi Conrad
Compliance Analyst

Company and Contact

Filing Contact Information

Christi Conrad, Specialty Benefits Compliance cconrad@humana.com
Specialist
325 Reid St. 920-337-3765 [Phone]
De Pere, WI 54115

Filing Company Information

Humana Insurance Company CoCode: 73288 State of Domicile: Wisconsin
1100 Employers Boulevard Group Code: 119 Company Type: Life & Health
Green Bay, WI 54344 Group Name: State ID Number:
(800) 558-4444 ext. [Phone] FEIN Number: 39-1263473

Filing Fees

Fee Required? Yes
Fee Amount: \$20.00
Retaliatory? No
Fee Explanation: \$20.00 per additional form
Per Company: No

SERFF Tracking Number: HUMA-126400261 State: Arkansas
Filing Company: Humana Insurance Company State Tracking Number: 45071
Company Tracking Number: AR VISION H1 DEPENDENT AGE
TOI: H20G Group Health - Vision Sub-TOI: H20G.000 Health - Vision
Product Name: AR Vision H1 Dependent Age
Project Name/Number: AR Vision H1 Dependent Age /AR Vision H1 Dependent Age

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Humana Insurance Company	\$20.00	03/02/2010	34551287

SERFF Tracking Number: HUMA-126400261 State: Arkansas
Filing Company: Humana Insurance Company State Tracking Number: 45071
Company Tracking Number: AR VISION H1 DEPENDENT AGE
TOI: H20G Group Health - Vision Sub-TOI: H20G.000 Health - Vision
Product Name: AR Vision H1 Dependent Age
Project Name/Number: AR Vision H1 Dependent Age /AR Vision H1 Dependent Age

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	03/04/2010	03/04/2010

SERFF Tracking Number: HUMA-126400261 State: Arkansas
Filing Company: Humana Insurance Company State Tracking Number: 45071
Company Tracking Number: AR VISION H1 DEPENDENT AGE
TOI: H20G Group Health - Vision Sub-TOI: H20G.000 Health - Vision
Product Name: AR Vision H1 Dependent Age
Project Name/Number: AR Vision H1 Dependent Age /AR Vision H1 Dependent Age

Disposition

Disposition Date: 03/04/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: HUMA-126400261 *State:* Arkansas
Filing Company: Humana Insurance Company *State Tracking Number:* 45071
Company Tracking Number: AR VISION H1 DEPENDENT AGE
TOI: H20G Group Health - Vision *Sub-TOI:* H20G.000 Health - Vision
Product Name: AR Vision H1 Dependent Age
Project Name/Number: AR Vision H1 Dependent Age /AR Vision H1 Dependent Age

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Form	Amendment	Approved-Closed	Yes

SERFF Tracking Number: HUMA-126400261 State: Arkansas
 Filing Company: Humana Insurance Company State Tracking Number: 45071
 Company Tracking Number: AR VISION H1 DEPENDENT AGE
 TOI: H20G Group Health - Vision Sub-TOI: H20G.000 Health - Vision
 Product Name: AR Vision H1 Dependent Age
 Project Name/Number: AR Vision H1 Dependent Age /AR Vision H1 Dependent Age

Form Schedule

Lead Form Number:

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved- Closed 03/04/2010	H1 AV Amend 12/09	Certificate	Amendment	Initial			GN H1 VCP Amend 12- 09.pdf
		Amendmen t, Insert Page, Endorseme nt or Rider					

AMENDMENT

HUMANA INSURANCE COMPANY

[Policyholder: [John Doe]]

[Policy Number: [xxxxxxx]]

[Effective Date: [xxxxxxxxxx]]

[This amendment is attached to and made a part of Your [Policy] [Certificate]. Except as modified below, all policy terms, conditions and limitations apply.]

The Dependent definition is removed from your policy and is replaced with the following:

Dependent means:

1. Your legally recognized spouse[or Domestic Partner];
2. Your unmarried child who is no more than [25-31] years of age and not provided coverage as a named subscriber, insured, enrollee, or covered person under any group or individual health benefit plan, or entitled to benefits under Title XVIII of the Social Security Act, P.L. 89-97, 42 U.S.C. Section 1395, et seq.;
3. Your child who upon attainment of the limiting age while insured under the Policy is and continues to be both incapable of self-sustaining employment by reason of mental or physical handicap and chiefly dependent upon the Primary Insured for support and maintenance. Proof of such incapacity and dependency must be furnished to Us by the Primary Insured at least thirty-one days after the child's attainment of the limiting age. We may require at reasonable intervals during the two years following the child's attainment of the limiting age subsequent proof of the child's incapacity and dependency. After such two-year period, We may require subsequent proof not more than once each year.
4. A child includes adopted children, a child placed for adoption, as well as stepchildren or foster children living with the Primary Insured in a parent-child relationship.

We will not deny enrollment of a child on the grounds that:

1. The child was born out of wedlock; or
2. The child is not claimed as a dependent on the parent's federal income tax return; or
3. The child does not reside with the parent or in Our service area.

The Becoming Insured section under the Your coverage begins heading is removed from your policy and is replaced with the following:

Your Coverage Begins- [You and Your Dependents are covered at 12:01 a.m. on the later of:

1. The first of the month following the date You are first eligible for coverage;
2. The date We accept Your enrollment, if You are not enrolled within [30] days of Becoming eligible;
3. The date You first acquire a new Dependent[.] [A Dependent child is eligible to apply if

AMENDMENT

he or she is under the age of [25];

4. The date We accept a Dependent's enrollment, if he or she is not enrolled within [30]days of becoming eligible].



[Gerald L. Ganoni]
[President]

[

]

HUMANA
one

SERFF Tracking Number: HUMA-126400261 State: Arkansas
 Filing Company: Humana Insurance Company State Tracking Number: 45071
 Company Tracking Number: AR VISION H1 DEPENDENT AGE
 TOI: H20G Group Health - Vision Sub-TOI: H20G.000 Health - Vision
 Product Name: AR Vision H1 Dependent Age
 Project Name/Number: AR Vision H1 Dependent Age /AR Vision H1 Dependent Age

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: AR Readability Certification 3-2010.pdf	Approved-Closed	03/04/2010

	Item Status:	Status Date:
Satisfied - Item: Application Comments: Application to be used are: AR-72002 7/2009 which was approved by your department on 6/26/2009	Approved-Closed	03/04/2010

TO: State of Arkansas
Office of the Commissioner of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

FOR: H1 AV Amend 12/09

CERTIFICATION OF COMPLIANCE
Arkansas Rule and Regulation 19

I, Gerald Ganoni, an officer of Humana Insurance Company, hereby certify that I have authority to bind and obligate the company by the filing of this form. I further certify that, to the best of my knowledge, information and belief:

(a) The accompanying form as identified above does comply with all applicable provisions of the Arkansas Rule and Regulation 19; and

(b) The form does meet the Flesch reading ease test for a score of 40 for all applicable policies, certificates and certificate riders unless the Commissioner of Insurance of the State of Arkansas requires a lower score;



(Signature)

3/2/2010
(Date)

Individual responsible for this filing:

Christi Conrad
Humana Insurance Company
Green Bay, WI 54344
Telephone 1-800-558-4444, Ext.3765
E-mail: cconrad@humana.com