

<i>SERFF Tracking Number:</i>	<i>MRKC-126490772</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Markel Insurance Company</i>	<i>State Tracking Number:</i>	<i>45062</i>
<i>Company Tracking Number:</i>	<i>MAH128-AR-A (01/10)</i>		
<i>TOI:</i>	<i>H04 Health - Blanket Accident/Sickness</i>	<i>Sub-TOI:</i>	<i>H04.001 Student</i>
<i>Product Name:</i>	<i>Student A&H</i>		
<i>Project Name/Number:</i>	<i>Student A&H/MAH128-AR-A (01/10)</i>		

Filing at a Glance

Company: Markel Insurance Company

Product Name: Student A&H

TOI: H04 Health - Blanket Accident/Sickness

Sub-TOI: H04.001 Student

Filing Type: Form

SERFF Tr Num: MRKC-126490772 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 45062

Co Tr Num: MAH128-AR-A (01/10) State Status: Approved-Closed

Reviewer(s): Rosalind Minor

Disposition Date: 03/04/2010

Authors: Carol Depuy, Jolene

Kaczmar, Sue Bogusz

Date Submitted: 03/01/2010

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Student A&H

Project Number: MAH128-AR-A (01/10)

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: Not Filed

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Large

Group Market Type: Blanket

Explanation for Other Group Market Type:

State Status Changed: 03/04/2010

Created By: Sue Bogusz

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Carol Depuy

Filing Description:

In this filing, we are withdrawing one form and submitting two new forms for approval. Form number MAH117 (1/95), Basic Sickness Expense Benefit Provisions Concerning Outpatient Psychiatric Expense, is being withdrawn. This form was previously approved by your organization on 12/28/95. As both inpatient and outpatient benefits for mental illness are paid the same as any other sickness, there is no longer a need for two separate forms.

Form number MAH128-AR-A (01/10), Basic Sickness Expense Benefit Provisions Concerning Mental Illness Expense, is now the only form pertaining to mental illness expense. It is being submitted to comply with Bulletin 9-2009 -- Act 1193 of 2009 Amendments to Arkansas Mental Health Parity Act ("MHPA").

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 Product Name: Student A&H
 Project Name/Number: Student A&H/MAH128-AR-A (01/10)

Form number MAH181 (3/03), Outpatient Prescribed Contraceptive Medicine Expense, is being submitted to comply with Arkansas Insurance Code 23-79-1103, Prescription Contraceptive Coverage.

These forms will become part of our blanket accident and health form series MAH100, et al which was approved by the State of Arkansas on 12/28/95.

Company and Contact

Filing Contact Information

Bogusz Sue, Regulatory Compliance Assistant sbogusz@markelcorp.com
 184 Shuman Blvd 630-778-7770 [Phone] 245 [Ext]
 Suite 390 804-527-7915 [FAX]
 Naperville, IL 60563

Filing Company Information

Markel Insurance Company CoCode: 38970 State of Domicile: Illinois
 4600 Cox Road Group Code: 785 Company Type: Property & Casualty
 Glen Allen, VA 23060 Group Name: State ID Number:
 (800) 431-1270 ext. [Phone] FEIN Number: 36-3101262

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? Yes
 Fee Explanation: 2 forms @ \$50 per form = \$100.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Markel Insurance Company	\$100.00	03/01/2010	34514332

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Product Name: Student A&H
Project Name/Number: Student A&H/MAH128-AR-A (01/10)

Correspondence Summary

Dispositions

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

SERFF Tracking Number: MRKC-126490772 State: Arkansas
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Company Tracking Number: MAH128-AR-A (01/10)
TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.001 Student
Product Name: Student A&H
Project Name/Number: Student A&H/MAH128-AR-A (01/10)

Disposition

Disposition Date: 03/04/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: MRKC-126490772 State: Arkansas
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 TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.001 Student
 Product Name: Student A&H
 Project Name/Number: Student A&H/MAH128-AR-A (01/10)

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Form	Basic Sickness Expense Benefit	Approved-Closed	Yes
	Provisions Concerning Outpatient		
	Psychiatric Expense		
Form	Basic Sickness Expense Benefit	Approved-Closed	Yes
	Provisions Concerning Mental Illness		
	Expense		
Form	Outpatient Prescribed Contraceptive	Approved-Closed	Yes
	Medicine Expense		

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 TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.001 Student
 Product Name: Student A&H
 Project Name/Number: Student A&H/MAH128-AR-A (01/10)

Form Schedule

Lead Form Number: MAH100

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 03/04/2010	MAH117 (1/95)	Policy/Cont ract/Fratern al	Basic Sickness Expense Benefit Provisions Certificate: Concerning Amendmen t, Insert Page, Endorseme nt or Rider	Other	Other Explanation: Withdrawn; all mental illness expenses now appear on MAH128- AR-A (01/10)		
Approved-Closed 03/04/2010	MAH128- AR-A (01/10)	Policy/Cont ract/Fratern al	Basic Sickness Expense Benefit Provisions Certificate: Concerning Mental Amendmen t, Insert Page, Endorseme nt or Rider	Initial		38.400	MAH128-AR- A 01-10.pdf
Approved-Closed 03/04/2010	MAH181 (3/03)	Policy/Cont ract/Fratern al	Outpatient Prescribed Contraceptive Certificate: Medicine Expense Amendmen t, Insert Page, Endorseme nt or Rider	Initial		43.400	MAH181 3- 03.pdf

Markel Insurance Company

ARKANSAS AMENDATORY ENDORSEMENT

BASIC SICKNESS EXPENSE BENEFIT PROVISIONS CONCERNING MENTAL ILLNESS EXPENSE

If an Insured requires treatment for mental illness, including substance use disorders, We shall pay the Expense to the same extent as any other Sickness. Coverage includes services furnished by a Hospital, a psychiatric Hospital, or an Outpatient psychiatric center licensed by the Department of Health; a Physician; a psychologist; a licensed professional counselor; or a community mental health center or other mental health clinic certified by the Division of Mental Health Services of the Department of Human Services to furnish mental health services.

The same Deductible, Coinsurance, and other limitations that apply to other Covered Medical Expenses shall also apply to these services.

The Deductible, Coinsurance, Number of Visits, Benefit per Visit and Maximum Benefit are shown in Section 1- Schedule of Insurance.

This rider is attached to and becomes a part of this Policy.

Markel Insurance Company

Outpatient Prescribed Contraceptive Medicine Expense

When an Insured's Expense is for any prescribed drug or device that is FDA approved as a contraceptive, we will pay the Expense after the Deductible, up to the Maximum. The Deductible and Maximum Benefit are shown in Section 1-Schedule of Insurance, Outpatient Prescribed Medicines Expense.

This rider is attached to and becomes a part of this Policy.

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 Product Name: Student A&H
 Project Name/Number: Student A&H/MAH128-AR-A (01/10)

Supporting Document Schedules

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

	Item Status:	Status Date:
Satisfied - Item: Application Comments: Form MAH123 (1/95), Blanket Insurance - Application, was approved by the State of Arkansas on 12/28/95. Attachment: MAH123.pdf	Approved-Closed	03/04/2010



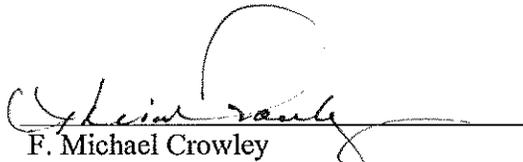
MARKEL
4600 Cox Road
Glen Allen, Virginia 23060
(804) 527-2700
(800) 431-1270
www.markelcorp.com

**ARKANSAS
READABILITY CERTIFICATION**

The Flesch readability scores for the submitted form numbers are as follows:

<u>Form Number</u>	<u>Title</u>	<u>Flesch Score</u>
MAH128-AR-A (01/10)	Arkansas Amendatory Endorsement Basic Sickness Expense Benefit Provisions Concerning Mental Illness Expense	38.4
MAH181 (3/03)	Outpatient Prescribed Contraceptive Medicine Expense	43.4

Form number MAH181 (3/03) meets the minimum requirement of 40 as stated by Arkansas Insurance Code 23-80-206 (a) (1). We would like to request that form MAH128-AR-A (01/10) be approved in accordance with Arkansas Insurance Code 23-80-207 (3) as it contains language drafted to conform to the requirements of Bulletin 9-2009 regarding the Arkansas Mental Health Parity Act.


F. Michael Crowley
President, Markel Specialty
Markel Insurance Company

3/1/10
Date

Markel Insurance Company

Evanston, Illinois 60201

BLANKET INSURANCE - APPLICATION

The undersigned hereby applies for a policy based on the statements set forth below.

Item 1. Name of Policyholder _____
Address _____

Item 2. Underwriting information

Estimated Enrollment

	Male	Female	TOTAL
Resident	_____	_____	_____
Commuter	_____	_____	_____

Method of Enrollment

All Students
 Waiver Card
 Election Card
 Other _____

Intercollegiate Sports

All Sports To Be Included
 All Sports To Be Excluded
 All Sports To Be Excluded Except _____

Club Sports

All Sports To Be Included
 All Sports To Be Excluded
 All Sports To Be Excluded Except _____

Intramural Sports

All Sports To Be Included
 All Sports To Be Excluded
 All Sports To Be Excluded Except _____

School Health Service Information

(a) Does School have Infirmary? Yes No Dispensary? Yes No

(b) If the answer to (a) above is "yes," complete the following:

(1) Any facilities for overnight care? Yes No Number of beds? _____

(2) Number of days students may remain at no charge? _____ per semester.

(3) Are X-rays (Any Type) furnished free? Yes No

(4) Any major or minor surgical facilities? Yes No

Item 3. Policy Term and Term of Coverage. If the application has been approved by the Company at its Accident and Health Division Office

(a) the policy shall become effective _____ and terminate _____
12:01 A.M. Standard Time at the address of the Policyholder.

(b) Is precertification of admission desired? Yes No

(c) Is a Student Health Service referral requirement desired? Yes No N/A

(d) Benefit Period: 52 Weeks 104 Weeks

(e) Extension of Benefits: Yes No

(f) Coverage Type: Excess (Coordination of Benefits) Primary/Motor Vehicle Excess Primary

Item 4. The Premium for the policy shall be calculated on the following basis as to eligible Insured Persons:

	TERM			
<input type="checkbox"/> Student	\$ _____	_____	<input type="checkbox"/> Intercollegiate Sports	\$ _____
<input type="checkbox"/> Student/Spouse	\$ _____	_____	<input type="checkbox"/> _____	\$ _____
<input type="checkbox"/> Student/Spouse/Child(ren)	\$ _____	_____	<input type="checkbox"/> _____	\$ _____
<input type="checkbox"/> Student/Child(ren)	\$ _____	_____	<input type="checkbox"/> _____	\$ _____

Premium for each term of coverage shall be payable as follows: _____

It is understood that this Student Insurance Plan is designed to supplement, rather than replace, the facilities which now exist in the School Health Services.

Dated at: _____ this _____ day of _____ 19 _____

Applied for by: _____
Applicant (School Official)

Agent's Signature: _____

Approved By: _____

Address: _____

On Behalf of Markel Insurance Company