

SERFF Tracking Number: INCS-126592667 State: Arkansas
Filing Company: Pan-American Life Insurance Company State Tracking Number: 45471
Company Tracking Number: STAH-GL-R1
TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.001 Student
Product Name: PALIC Blanket Student
Project Name/Number: PALIC Blanket Student update/PALIC Blanket Student update

Filing at a Glance

Company: Pan-American Life Insurance Company

Product Name: PALIC Blanket Student SERFF Tr Num: INCS-126592667 State: Arkansas
TOI: H04 Health - Blanket Accident/Sickness SERFF Status: Closed-Approved- State Tr Num: 45471
Closed

Sub-TOI: H04.001 Student Co Tr Num: STAH-GL-R1 State Status: Approved-Closed
Filing Type: Form Reviewer(s): Rosalind Minor
Author: Renee Weaver Disposition Date: 04/21/2010
Date Submitted: 04/20/2010 Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: PALIC Blanket Student update
Project Number: PALIC Blanket Student update
Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Not Filed
Date Approved in Domicile:
Domicile Status Comments: Does not require
prior approval

Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 04/21/2010

Market Type: Group
Group Market Size: Small and Large
Group Market Type: Blanket
Explanation for Other Group Market Type:
State Status Changed: 04/21/2010
Created By: Renee Weaver
Corresponding Filing Tracking Number: STAH-
GL-R1

Deemer Date:
Submitted By: Renee Weaver

Filing Description:
Submission for:
Pan-American Insurance Company
NAIC#: 67539
FEIN#: 72-0281240

RE: Group Blanket Student Accident Policy form STAH-GL-P-AR

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Form: Policy Amendment STAH-GL-R1

Innovative Compliance Solutions has been retained by Pan American Life Insurance Company to file the above mentioned filing in your state. Please address any future correspondence and/or approvals to my attention.

This filing amends the blanket student accident policy form STAH-GL-P-AR approved on November 4, 2008 under SERFF file number: INCS-125874010.

This Amendment changes the prior authorization paragraph under the "Deductible, Coinsurance and Co-payment Rules" provision by stating the specific penalty if authorization is not received. This was inadvertently omitted from the initial filing. Once approved the company will issue the rider to existing policyholders and insert the new text in the policy when issuing new policies.

This form is new and will not replace any forms that have been previously filed in your state. Because of the blanket nature of this filing, no certificate rider is being submitted.

To provide flexibility, all variable text is indicated by brackets. An explanation of the variables appears at the bottom of the form and the explanation will be removed when issued.

Please note the following information:

1. The company's state of domicile is Louisiana and does not require prior filing or approval.
2. Printing is subject to changes in ink, paper stock, page numbers, margins, position and format. Printing standards will never be less that that required by your state. We would like to reserve the option of using the form in its submitted format electronically.

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

Should you have any questions, or need additional information, please contact me by email at rweaver@innovative-compliance.com or by telephone at 763-323-8643. My fax number is 763-712-8001.

Sincerely,

Renee Weaver
Compliance Consultant

Company and Contact

Filing Contact Information

SERFF Tracking Number: INCS-126592667 State: Arkansas
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 Company Tracking Number: STAH-GL-RI
 TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.001 Student
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Renee Weaver, Consultant rweaver@innovative-compliance.com
 PO Box 773 763-323-8643 [Phone]
 Anoka, MN 55303 763-712-8001 [FAX]

Filing Company Information

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

Pan-American Life Insurance Company CoCode: 67539 State of Domicile: Louisiana
 601 Poydras St Group Code: Company Type:
 New Orleans, LA 70130 Group Name: State ID Number:
 (877) 569-3075 ext. [Phone] FEIN Number: 72-0281240

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? Yes
 Fee Explanation: \$100 PER FILING
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Pan-American Life Insurance Company	\$100.00	04/20/2010	35823696

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	04/21/2010	04/21/2010

SERFF Tracking Number: INCS-126592667 *State:* Arkansas
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Disposition

Disposition Date: 04/21/2010

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 LETTER	Approved-Closed	Yes
Form	POLICY AMENDMENT	Approved-Closed	Yes

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Form Schedule

Lead Form Number: STAH-GL-R1

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 04/21/2010	STAH-GL-R1	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	POLICY AMENDMENT	Initial		45.000	STAH-GL-R1 PALIC- Blanket Accident & Sickness Rider-Prior Authorization 4-10.pdf



Pan-American Life Insurance Company
(hereinafter "Company")
[601 Poydras Street
New Orleans, Louisiana 70130]

POLICY AMENDMENT [x]¹

This Amendatory Rider is attached to and made part of Policy Number [xxxxxxxx]² issued by Pan-American Life Insurance Company to Policyholder.

Effective [May 1, 2010]³, the Policy as issued is amended as follows:

- I. The **Deductible, Coinsurance and Co-payment Rules** provision under the **MANAGED CARE PROVISION** is replaced with the following:

Deductible, Coinsurance and Co-payment Rules (4/10)

Deductible: The Insured's Deductible applies to all Preferred Provider and Out-of-Network Provider Covered Expenses unless specified otherwise in this Policy.

Coinsurance/Co-payments: Some covered services are subject to Coinsurance and Co-payments. This is the amount the Insured must pay to the Doctor or Hospital for each procedure, visit or confinement each time he or she receives a covered service including prescription drugs. The Coinsurance is not applied until after the Insured has paid any applicable Deductible that may be required under this Policy. What We pay is shown in the Schedule of Benefits.

Waiver of Co-payment: The Emergency Room Co-payment will be waived if the Insured is admitted to the Hospital immediately following emergency room treatment. The admission must be for the same condition for which the Insured received Medical Emergency care.

Certain medical procedures or treatments will require a prior authorization request form to be received by the Company or the Company's authorized representative a minimum of 5 business days prior to the scheduled procedure date and approval [from the Company]⁴ must be received prior to the commencement of the proposed medical treatment.

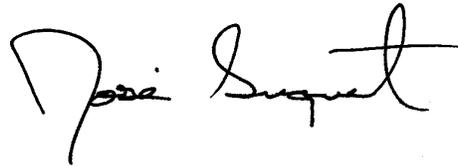
Services requiring prior authorization are:

1. All Inpatient admissions and/or treatments;
2. Any surgeries requiring general anesthesia (Outpatient or Inpatient)
3. [Accidental Dental treatment (for emergency dental repair of natural sound teeth damaged in an accident;]⁵
4. [Purchase or rental of Durable Medical Equipment;]⁵
5. [Home Health Care;]⁵

6. [RSV Immunization and other medications priced in excess of \$1,000 per refill;]⁵
7. All cancer treatments/therapies;
8. Hemodialysis and Peritoneal Dialysis for renal failure;
9. Substance Abuse treatments/therapies;
10. [Any condition, including chronic conditions that do not meet the above criteria, but are expected to accumulate over \$1,000 in Covered Expenses per Policy Year]⁵.

Non-compliance with the prior authorization procedure will result in a reduction in benefits of [10% - 50%]⁶ [not to exceed]⁷ [\$200 - \$500]⁸, unless the Covered Person is incapacitated and unable to contact us. In such cases, the Covered Person must contact us as soon as reasonably possible. Information and procedures for prior notification can be obtained from the Company.

Signed for PAN-AMERICAN LIFE INSURANCE COMPANY at New Orleans, Louisiana



President and Chief Executive Officer

¹Variable to indicate next Amendment Number

²Variable to show the policy number.

³Variable to indicate the effective date.

⁴Variable to indicate who will approve the authorization, the company or a person authorized by the company.

⁵Variable by omission.

⁶Variable by omission or to be included. When included the range is shown.

⁷Variable by omission when a maximum amount is not included.

⁸Variable by omission or to be included. When included the range is shown.

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	04/21/2010
Comments:		
Attachments:		
Readability R1.pdf		
REG 19 CERTIFICATION.pdf		

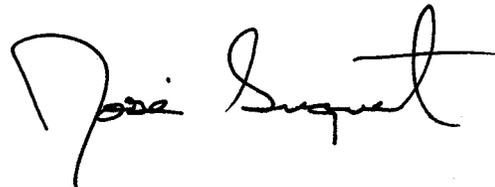
	Item Status:	Status Date:
Satisfied - Item: Application	Approved-Closed	04/21/2010
Comments:		
APPLICATION APPROVED FOR USE WITH THIS PRODUCT IS FORM NUMBER STAH-GL-APP APPROVED ON 11/4/08.		

	Item Status:	Status Date:
Satisfied - Item: AUTHORIZATION LETTER	Approved-Closed	04/21/2010
Comments:		
Attachment:		
ICS Authorization 2010 PALIC.pdf		

**CERTIFICATION OF COMPLIANCE
FOR READABILITY**

<u>Form Number(s)</u>	<u>Flesch Readability Score</u>
STAH-GL-P-AR	45
STAH-GL-R1	45

I hereby certify on behalf of Pan-American Life Insurance Company that the Flesch Scale Analysis Readability Score is accurate, based on the computer program used to calculate the scores.

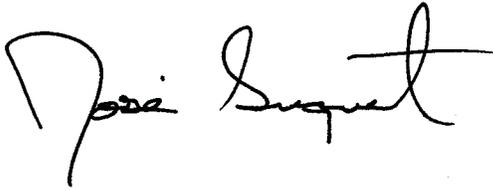


President and Chief Executive Officer

Dated: 4/12/10

**ARKANSAS
CERTIFICATE OF COMPLIANCE**

PanAmerican Life Insurance Company hereby certifies that the policy forms listed below are in compliance with all of the requirements of Arkansas Insurance Department Rule and Regulation 19. The benefits/coverage provided by the forms listed below are available to, and will be administered, in a non-discriminatory manner.



(Signature)

President and Chief Executive Officer

(Title)

4/12/10

(Date)

Policy Form Numbers:

STAH-GL-R1

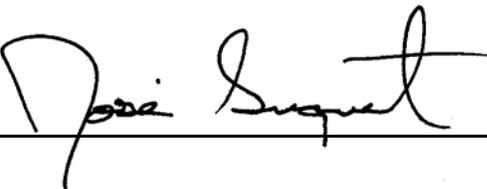
Authorization Letter

January 2010

COMPANY: Pan-American Life Insurance Company
NAIC Number: 67539
FEIN Number: 720281240

Please accept this letter as authorization for Innovative Compliance Solutions to act as our agent for submission of policy forms and rate information and to perform each and every act necessary in connection with such submission on behalf of Pan-American Life Insurance Company.

BY:



A handwritten signature in black ink, appearing to read "Jose Siquet", is written over a solid horizontal line.

TITLE:

President and Chief Executive Officer

Pan-American Life Insurance Company