

SERFF Tracking Number: AENX-G126691262 State: Arkansas  
 Filing Company: Aetna Life Insurance Company State Tracking Number: 46051  
 Company Tracking Number: AR034730100004  
 TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005A Individual - Preferred Provider (PPO)  
 Product Name: 2010 Individual  
 Project Name/Number: 2010 Individual/AR034730100004

## Filing at a Glance

Company: Aetna Life Insurance Company

Product Name: 2010 Individual

SERFF Tr Num: AENX-G126691262

State: Arkansas

TOI: H16I Individual Health - Major Medical

SERFF Status: Closed-Approved-Closed

State Tr Num: 46051

Sub-TOI: H16I.005A Individual - Preferred Provider (PPO)

Co Tr Num: AR034730100004

State Status: Approved-Closed

Filing Type: Form

Author: SPI AetnaSPI

Reviewer(s): Rosalind Minor

Date Submitted: 06/24/2010

Disposition Date: 07/13/2010

Disposition Status: Approved-Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

## General Information

Project Name: 2010 Individual

Project Number: AR034730100004

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 07/13/2010

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: 07/13/2010

Created By: SPI AetnaSPI

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: SPI AetnaSPI

PPACA: Grandfathered Immed Mkt Reforms

Filing Description:

NOT PPACA RELATED

This form is intended to modify Individual Policy Forms that were approved by your Department on November 8, 2007. The purpose of this filing is to amend our comprehensive and limited individual health plans to remove references to Child Only coverage.

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This amendment also clarifies that the individual plans are available to policyholders who are adults, aged 19 and over.

## Company and Contact

### Filing Contact Information

Sneha Venkatramani, Product & Regulatory  
 Affairs Consultant

151 Farmington Avenue 860-273-7546 [Phone]  
 Mail Stop RW61 860-952-2069 [FAX]  
 Hartford, CT 06156

### Filing Company Information

Aetna Life Insurance Company CoCode: 60054 State of Domicile: Connecticut  
 151 Farmington Avenue Group Code: 1 Company Type:  
 Hartford, CT 06156 Group Name: Aetna State ID Number:  
 (860) 273-7546 ext. [Phone] FEIN Number: 06-6033492

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: IVL Amendment-Removal of Child Only Coverage fee  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Aetna Life Insurance Company	\$50.00	06/24/2010	37531228

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	07/13/2010	07/13/2010

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## **Disposition**

Disposition Date: 07/13/2010

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
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Supporting Document	Cover Letter (Indv Direct Issue - Removal of Child-only Coverage)	Approved-Closed	Yes
Form	Amendment to the Individual Policy (ALIC - Direct Issue)	Approved-Closed	Yes

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## Form Schedule

### Lead Form Number:

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 07/13/2010	GR-11741-ICO 01	Policy/Cont ract/Fraternal Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Amendment to the Individual Policy (ALIC - Direct Issue)	Initial		0.000	AL GE AGR11741IC O V001.PDF

# Aetna Life Insurance Company

Hartford, Connecticut 06156

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## Amendment

[Policyholder: John Doe]

[Policy No.: XXXXX]

**Effective Date** [This Policy Amendment is effective on the later of:

July 1, 20XX; or

The date you become covered under the Policy.]

The Policy as specified above has been amended. The following summarizes the changes in the Policy. This amendment is effective on the dates shown above.

This amendment changes the Policy as follows.

1. Any reference to "Parent/Guardian of" in your Policy is no longer applicable. All references that may appear in your Policy and any amendments or riders that have been issued to you are hereby deleted.
2. The following Policyholder eligibility provision replaces the same provision appearing in the Eligibility section of your Policy.

The Policyholder is the person who is a resident of [the State of XXXXXXXXX] and listed as the applicant on the Application, is an adult age 19 or older, and whose Application has been approved and accepted by Aetna for coverage under this Policy.

3. The General Provisions section of your Policy has been revised to delete the provision entitled "Child-only coverage." All references to child-only coverage that may appear in your Policy and any amendments or riders that have been issued to you are hereby deleted.

This amendment makes no other changes to the Policy.



Ronald A. Williams  
Chairman, Chief Executive Officer and President]

[Amendment: XXXX]

[Issue Date: July 1, 20XX]

<i>SERFF Tracking Number:</i>	<i>AENX-G126691262</i>	<i>State:</i>	<i>Arkansas</i>
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<i>TOI:</i>	<i>H16I Individual Health - Major Medical</i>	<i>Sub-TOI:</i>	<i>H16I.005A Individual - Preferred Provider (PPO)</i>
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<i>Project Name/Number:</i>	<i>2010 Individual/AR034730100004</i>		

## Supporting Document Schedules

		<b>Item Status:</b>	<b>Status</b>
			<b>Date:</b>
<b>Bypassed - Item:</b>	Flesch Certification	Approved-Closed	07/13/2010
<b>Bypass Reason:</b>	N/A		
<b>Comments:</b>			

		<b>Item Status:</b>	<b>Status</b>
			<b>Date:</b>
<b>Bypassed - Item:</b>	Application	Approved-Closed	07/13/2010
<b>Bypass Reason:</b>	N/A		
<b>Comments:</b>			

		<b>Item Status:</b>	<b>Status</b>
			<b>Date:</b>
<b>Bypassed - Item:</b>	Health - Actuarial Justification	Approved-Closed	07/13/2010
<b>Bypass Reason:</b>	N/A		
<b>Comments:</b>			

		<b>Item Status:</b>	<b>Status</b>
			<b>Date:</b>
<b>Bypassed - Item:</b>	Outline of Coverage	Approved-Closed	07/13/2010
<b>Bypass Reason:</b>	N/A		
<b>Comments:</b>			

		<b>Item Status:</b>	<b>Status</b>
			<b>Date:</b>
<b>Bypassed - Item:</b>	PPACA Uniform Compliance Summary	Approved-Closed	07/13/2010
<b>Bypass Reason:</b>	N/A		
<b>Comments:</b>			

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	<b>Item Status:</b>	<b>Status</b>
<b>Satisfied - Item:</b> Cover Letter (Indv Direct Issue - Removal of Child-only Coverage)	Approved-Closed	<b>Date:</b> 07/13/2010
<b>Comments:</b>		
<b>Attachment:</b> AR_Indv Cover LTR (Child Only) 6 11 10.PDF		



John W. Ciesielski  
Product & Regulatory Approvals  
Law and Regulatory Affairs  
151 Farmington Ave, RW61  
Hartford, CT 06156  
(845) 279-1282  
Fax: (860) 952-2065  
Email: Ciesielskijw@aetna.com

June 24, 2010

Mr. Joe Musgrove  
Life, A&H Division  
Arkansas Department of Insurance  
1200 West Third Street  
Little Rock, AR 72201-1904

**Re: Aetna Life Insurance Company**  
NAIC No. 001-60054  
Individual Accident and Health Insurance Coverage  
Form No: GR-11741-ICO 01

Dear Mr. Musgrove:

On behalf of Aetna, I am submitting the enclosed amendment for approval by your Department. This form is new and does not replace any form on file with your Department, and is in its final format rather than being a draft or proof.

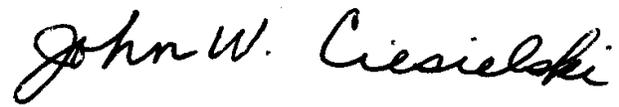
This form is intended to modify Individual Policy Forms that were approved by your Department November 8, 2007. The purpose of this filing is to amend our comprehensive and limited individual health plans to remove references to Child Only coverage. This amendment also clarifies that the individual plans are available to policyholders who are adults, aged 19 and over.

Variability, as indicated by bracketed material on the form, is required so that only the appropriate language may be reflected on the form. With respect to this form:

- The appropriate policyholder specific information will print (Policyholder Name, Policy No., and Effective Date).
- The bracketed Aetna designations [State] and [Individual] at the bottom right corner are variable to allow for different descriptions or may be omitted.
- The name and signature of the Aetna officer at the end of the amendment will change to the most current information.
- Additional amendment information may appear at the end of the amendment. If included, the applicable Amendment Designation and Issue Date will be inserted.

If you have any questions, please feel free to contact me at the phone number or e-mail address shown above.

Sincerely,

A handwritten signature in black ink that reads "John W. Ciesielski". The signature is written in a cursive style with a large, prominent 'J' and 'C'.

John W. Ciesielski  
Product & Regulatory Approvals  
Law and Regulatory Affairs