

<i>SERFF Tracking Number:</i>	<i>AENX-G126716300</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Aetna Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>46177</i>
<i>Company Tracking Number:</i>	<i>AR035240100003</i>		
<i>TOI:</i>	<i>H10I Individual Health - Dental</i>	<i>Sub-TOI:</i>	<i>H10I.000 Health - Dental</i>
<i>Product Name:</i>	<i>2010 Individual</i>		
<i>Project Name/Number:</i>	<i>2010 Individual/AR035240100003</i>		

Filing at a Glance

Company: Aetna Life Insurance Company

Product Name: 2010 Individual

SERFF Tr Num: AENX-G126716300

State: Arkansas

TOI: H10I Individual Health - Dental

SERFF Status: Closed-Approved-Closed

State Tr Num: 46177

Sub-TOI: H10I.000 Health - Dental

Co Tr Num: AR035240100003

State Status: Approved-Closed

Filing Type: Form

Author: SPI AetnaSPI

Reviewer(s): Rosalind Minor

Date Submitted: 07/12/2010

Disposition Date: 07/20/2010

Disposition Status: Approved-Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: 2010 Individual

Project Number: AR035240100003

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 07/20/2010

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: 07/20/2010

Created By: SPI AetnaSPI

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: SPI AetnaSPI

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.

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

SERFF Tracking Number: AENX-G126716300 State: Arkansas
 Filing Company: Aetna Life Insurance Company State Tracking Number: 46177
 Company Tracking Number: AR035240100003
 TOI: H101 Individual Health - Dental Sub-TOI: H101.000 Health - Dental
 Product Name: 2010 Individual
 Project Name/Number: 2010 Individual/AR035240100003

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: AR - Dental Amendment-Removal of Child Only Coverage Fee
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Aetna Life Insurance Company	\$50.00	07/12/2010	37891869

SERFF Tracking Number: AENX-G126716300 State: Arkansas
Filing Company: Aetna Life Insurance Company State Tracking Number: 46177
Company Tracking Number: AR035240100003
TOI: H101 Individual Health - Dental Sub-TOI: H101.000 Health - Dental
Product Name: 2010 Individual
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	07/20/2010	07/20/2010

<i>SERFF Tracking Number:</i>	<i>AENX-G126716300</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Aetna Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>46177</i>
<i>Company Tracking Number:</i>	<i>AR035240100003</i>		
<i>TOI:</i>	<i>H101 Individual Health - Dental</i>	<i>Sub-TOI:</i>	<i>H101.000 Health - Dental</i>
<i>Product Name:</i>	<i>2010 Individual</i>		
<i>Project Name/Number:</i>	<i>2010 Individual/AR035240100003</i>		

Disposition

Disposition Date: 07/20/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AENX-G126716300 *State:* Arkansas
Filing Company: Aetna Life Insurance Company *State Tracking Number:* 46177
Company Tracking Number: AR035240100003
TOI: H101 Individual Health - Dental *Sub-TOI:* H101.000 Health - Dental
Product Name: 2010 Individual
Project Name/Number: 2010 Individual/AR035240100003

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	Cover Letter - Direct Issue	Approved-Closed	Yes
Form	Amendment to the Individual Policy (ALIC direct issue)	Approved-Closed	Yes

SERFF Tracking Number: AENX-G126716300 State: Arkansas
 Filing Company: Aetna Life Insurance Company State Tracking Number: 46177
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 TOI: H101 Individual Health - Dental Sub-TOI: H101.000 Health - Dental
 Product Name: 2010 Individual
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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 07/20/2010	GR-11826 ICO 01	Certificate	Amendment to the Amendmen Individual Policy t, Insert (ALIC direct issue) Page, Endorseme nt or Rider	Initial		0.000	AL GE AGR11826IC O V001.PDF

Aetna Life Insurance Company

Hartford, Connecticut 06156

Amendment

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 references to "Parent/Guardian of" and "Child only" in your Policy are 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.

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]

SERFF Tracking Number: AENX-G126716300

State: Arkansas

Filing Company: Aetna Life Insurance Company

State Tracking Number: 46177

Company Tracking Number: AR035240100003

TOI: H101 Individual Health - Dental

Sub-TOI: H101.000 Health - Dental

Product Name: 2010 Individual

Project Name/Number: 2010 Individual/AR035240100003

Supporting Document Schedules

		Item Status:	Status Date:
Bypassed - Item:	Flesch Certification	Approved-Closed	07/20/2010
Bypass Reason:	N/A		
Comments:			
Bypassed - Item:	Application	Approved-Closed	07/20/2010
Bypass Reason:	N/A		
Comments:			
Bypassed - Item:	Health - Actuarial Justification	Approved-Closed	07/20/2010
Bypass Reason:	N/A		
Comments:			
Bypassed - Item:	Outline of Coverage	Approved-Closed	07/20/2010
Bypass Reason:	N/A		
Comments:			
Satisfied - Item:	Cover Letter - Direct Issue	Approved-Closed	07/20/2010
Comments:			
Attachment:			
AR_Final Indv Dental Cover LTR.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

July 12, 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 Dental Coverage
Form No: GR-11826-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 (insert form numbers) that were approved by your Department November 8, 2007. The purpose of this filing is to amend our individual dental plans to remove references to Child Only coverage. This amendment also clarifies that the individual plans are available to policyholders who are adults, age 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 effective date information will print.
- The bracketed Aetna designation [Individual] at the bottom right corner is variable to allow for a different description or may be omitted. Upon issue of this form, the bracketed term [State] will be omitted if the page has not been modified due to state mandates. If the page has been modified, then the initial abbreviation of your state may be added to identify that the form is state specific. For example, for the State of Connecticut, a "CT" will print.
- 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.

The required certification, etc. accompanies this letter.

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 initial "J".

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