

SERFF Tracking Number: AMRP-126749342 State: Arkansas
Filing Company: American Republic Insurance Company State Tracking Number: 46376
Company Tracking Number: M1370A-AR (7-10)
TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001C Any Size Group - Other
Product Name: ARIC PPACA Endorsement
Project Name/Number: M1370A-AR (7-10)/M1370A-AR (7-10)

Filing at a Glance

Company: American Republic Insurance Company

Product Name: ARIC PPACA Endorsement SERFF Tr Num: AMRP-126749342 State: Arkansas
TOI: H16G Group Health - Major Medical SERFF Status: Closed-Approved- State Tr Num: 46376
Closed

Sub-TOI: H16G.001C Any Size Group - Other Co Tr Num: M1370A-AR (7-10) State Status: Approved-Closed
Filing Type: Form Reviewer(s): Rosalind Minor

Authors: Susan Falk, Sarah Shives, Disposition Date: 08/09/2010
Jamie Mueller, Michele Kulish
Danielson, Colletta Maddy
Date Submitted: 08/02/2010 Disposition Status: Approved-
Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: M1370A-AR (7-10)
Project Number: M1370A-AR (7-10)
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 08/09/2010

Status of Filing in Domicile:
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Group
Group Market Size: Small and Large
Group Market Type: Association, Other
Explanation for Other Group Market Type: Non-
Employer Association Group
State Status Changed: 08/09/2010
Created By: Jamie Mueller
Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Sarah Shives

PPACA: Non-Grandfathered Immed Mkt Reforms, Grandfathered Immed Mkt Reforms

Filing Description:

In this filing we are enclosing the above referenced endorsement for your Department's review. This is a new form and does not replace any form currently on file with your department. The form was developed in accordance with the Patient Protection and Affordable Care Act of 2010.

This endorsement will be used to amend the following forms:

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Form Number SERFF Filing Number Approval Date
A4800A AMRP-125470085 6/23/2008

The non-grandfathered provisions are bracketed to reflect that these provisions will not be included with grandfathered plans.

Your earliest acknowledgement of this filing would be appreciated. If you have any questions or comments, please contact me. I can be reached at our toll-free number, 1-800-247-2190, ext 2083, or you can email me at sarah.shives@americanenterprise.com.

Sincerely,

Sarah Shives
Compliance Analyst
American Republic Insurance Company

Company and Contact

Filing Contact Information

Sarah Shives, sarah.shives@americanenterprise.com
601 6th Ave. 515-245-2083 [Phone]
Des Moines, IA 50309

Filing Company Information

American Republic Insurance Company CoCode: 60836 State of Domicile: Iowa
601 6th Ave Group Code: 3527 Company Type: Life Accident and
Health Insurance
Des Moines, IA 50309 Group Name: State ID Number:
(800) 987-8988 ext. [Phone] FEIN Number: 42-0113630

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? Yes

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Fee Explanation: 1 Endorsement form = \$50.00.

Iowa is state of domicile and does not charge a fee for this filing.

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Republic Insurance Company	\$50.00	08/02/2010	38461114

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	08/09/2010	08/09/2010

<i>SERFF Tracking Number:</i>	<i>AMRP-126749342</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Republic Insurance Company</i>	<i>State Tracking Number:</i>	<i>46376</i>
<i>Company Tracking Number:</i>	<i>M1370A-AR (7-10)</i>		
<i>TOI:</i>	<i>H16G Group Health - Major Medical</i>	<i>Sub-TOI:</i>	<i>H16G.001C Any Size Group - Other</i>
<i>Product Name:</i>	<i>ARIC PPACA Endorsement</i>		
<i>Project Name/Number:</i>	<i>M1370A-AR (7-10)/M1370A-AR (7-10)</i>		

Disposition

Disposition Date: 08/09/2010

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	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Form	PPACA Amendatory Endorsement	Approved-Closed	Yes

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Form Schedule

Lead Form Number: M1370A-AR (7-10)

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 08/09/2010	M1370A-AR (7-10)	Certificate	PPACA Amendatory Amendmen t, Insert Page, Endorseme nt or Rider	Initial		54.300	M1370A-AR _7-10_.pdf

PATIENT PROTECTION AND AFFORDABLE CARE ACT OF 2010
[Non-grandfathered/Grandfathered] Group Certificate Endorsement

The Certificate to which this endorsement is attached is amended to read as follows:

A new section titled “Patient Protection and Affordable Care Act” is hereby added to the Certificate as follows:

PATIENT PROTECTION AND AFFORDABLE CARE ACT OF 2010

Effective March 23, 2010, some of the benefits, terms conditions, limitations, and exclusions contained in Your Certificate will change as a result of the Patient Protection and Affordable Care Act of 2010. Notwithstanding any other provision of Your Certificate, the provisions below shall apply. In the event of a conflict between the provisions of any other Section of Your Certificate and the provisions of this Endorsement, the provisions of this Endorsement shall prevail.

[The definition of “Emergency Care” and “Emergency Service” under Section I, Definitions have been amended as follows:

Emergency Care: Treatment required immediately for an Emergency Medical Condition.

The definition of “Emergency Medical Condition,” “Emergency Service” and “Stabilize” has been added under Section I, Definitions, as follows:

Emergency Medical Condition: A medical condition which manifests itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in:

1. Placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy;
2. Serious impairment to bodily functions; or
3. Serious dysfunction of any bodily organ or part.

Emergency Service: With respect to an emergency medical condition:

- (A) A medical screening examination (as required under section 1867 of the Social Security Act, 42 U.S.C. 1395dd) that is within the capability of the emergency department of a hospital, including ancillary services routinely available to the emergency department to evaluate such emergency medical condition, and
- (B) Such further medical examination and treatment, to the extent they are within the capabilities of the staff and facilities available at the hospital, as are required under section 1867 of the Social Security Act (42 U.S.C. 1395dd) to stabilize the patient.

Stabilize: With respect to an Emergency Medical Condition, to provide such medical treatment of the condition as may be necessary to assure, within reasonable medical probability that no material deterioration of the condition is likely to result from or occur during the transfer of the individual from a facility.

The following benefit is added under Section II, Benefit Provisions, Part A, General Benefit Provisions, Covered Expenses:

- **Emergency Services.** We shall cover Emergency Services without the need for any prior authorization determination and without regard as to whether the health care provider furnishing such services is a participating provider. Care provided by a Non-participating provider will be paid at the applicable Participating Provider copayment and coinsurance level.]

The definitions of “Essential Health Benefits” and “Patient Protection and Affordable Care Act” have been added under Section I, Definitions, as follows:

Essential Health Benefits: Benefits covered under the Certificate in the following categories: ambulatory patient services, emergency services, hospitalization, maternity and newborn care, mental health and substance use disorder services, including behavioral health treatment, prescription drugs, rehabilitative and habilitative services and devices, laboratory services, preventive and wellness services and chronic disease management and pediatric services, including oral and vision care. Such benefits shall be consistent with those set forth under the Patient Protection and Affordable Care Act of 2010 and any regulations issued thereto.

Patient Protection and Affordable Care Act of 2010: The Patient Protection and Affordable Care Act of 2010 (Public Law 111-148) as amended by the Health Care and Education Reconciliation Act of 2010 (Public Law 111-152).

The following provision[s] [has/have] been added under Section II, Benefit Provisions:

Lifetime Dollar Limits

Essential Health Benefits, provided within Your Certificate are not subject to lifetime dollar maximum(s).

[Annual Dollar Limits

Essential Health Benefits, provided within Your Certificate are subject to an annual maximum that is shown below:

- For Certificate years beginning on or after September 23, 2010, but before September 23, 2011, \$750,000;
- For Certificate years beginning on or after September 23, 2011, but before September 23, 2012, \$1.25 million; and
- For Certificate years beginning on or after September 23, 2012, but before January 1, 2014, \$2 million.]

Rescissions

Our Right to Cancel, Rescind or Reform provision under Section IV. Certificate Provisions, has been amended as follows:

1. We may not void Your Certificate based on a misrepresentation by You unless You have performed an act or practice that constitutes fraud; or made an intentional misrepresentation of material fact as prohibited by the terms of Your Certificate;
2. We reserve the right to reform your coverage under this Certificate in the event of fraud or intentional misrepresentation by you or your representative including, but not limited to, fraud or intentional misrepresentation related to any of the following:
 - a. Applying for coverage, including the initial qualification for coverage or any subsequent requalification;
 - b. Telephone verification of submitted information;
 - c. The filing or processing of a claim; or
 - d. Any other similar process or procedure.
3. In the absence of fraud, all statements made by you will be deemed representations and not warranties. No such statement will be used to deny a claim or reduce benefits unless it is stated in the Application for coverage.

Preventive Services

The following benefit is added under Section II, Benefit Provisions, Part B, Other Covered Expenses:

When performed by a participating provider, the following services shall be covered without regard to any cost-sharing requirement, such as deductible, copayment, or coinsurance requirement that would otherwise apply:

1. Evidence-based items or services that have in effect a rating of “A” or “B” in the current recommendations of the United Services Preventive Services Task Force;
2. Immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention with respect to the Covered Person involved;
3. With respect to Covered Persons who are infants, children, and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration;
4. With respect to Covered Persons who are women, such additional preventive care and screenings not described in paragraph (1) as provided for in comprehensive guidelines supported by the Health Resources and Services Administration.

Expenses incurred from a non-participating provider are subject to any applicable co-payment, coinsurance and/or deductible amount. Additionally, expenses incurred from a non-participating provider

that exceeds the Usual and Customary Allowance will not be considered Covered Expenses under Your Certificate.

The following exclusion under Section III, General Exclusions and Limitations, has been deleted:

26. For programs, Treatment, or procedures to help you stop using tobacco products.

The following exclusion under Section III, General Exclusions and Limitations, has been amended as follows:

30. For pregnancy or normal childbirth, except for covered Complications of Pregnancy and prenatal care as provided under the Patient Protection and Affordable Care Act of 2010.
71. For services or supplies not needed for medical Treatment, except as specifically provided elsewhere in this Certificate.]

Extension of Coverage to Dependents

Any reference to the term “unmarried” has been deleted from the definition of Dependent under Section I, Definitions.

Any reference to “age 19” has been replaced with “age 26” within the definition of Dependent under Section I, Definitions.

The following provision under the definition of Dependent under Section I, Definitions, has been deleted:

6. Your unmarried child who is:
 - a. Age 19 or older but under the age of 27; and
 - b. Enrolled as a full-time student in an accredited school; and
 - c. Financially dependent on you.

[The following provision is added under Section V, Claim Provisions:

Right to Appeal

You have the right to appeal any decision or action taken by Us to deny, reduce or terminate the provision of payment for health care services covered by Your Certificate. When We have denied, reduced, or terminated a requested service or payment for the service based on a judgment as to the medical necessity, appropriateness, health care setting, level of care, or effectiveness of the health care service, You have the right to have Our decision reviewed by an independent review organization not associated with Us.

Except where a covered person’s life or health would be seriously jeopardized, You must first exhaust Our internal grievance process as set forth within Your contract before We will grant Your request for an external independent review. Your grievance rights are outlined within Your Certificate.]

[Preexisting Condition Limitations

The following is added to Section III, General Exclusions and Limitations, #4:

The Preexisting Condition limitation does not apply to Covered Persons who are under 19 years of age.

The following is added to the Coverage Exclusion provision under Section IV. Certificate Provisions:

The Coverage Exclusion does not apply to Covered Persons who are under 19 years of age.]

This endorsement is effective on or after March 23, 2010. All other provisions of the coverage to which this Endorsement is attached remain unchanged.

A handwritten signature in black ink that reads "Mary K. Durand". The signature is written in a cursive, flowing style.

Mary K. Durand
Secretary

<i>SERFF Tracking Number:</i>	<i>AMRP-126749342</i>	<i>State:</i>	<i>Arkansas</i>
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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: Flesch Score Certification.pdf	Approved-Closed	08/09/2010

	Item Status:	Status Date:
Bypassed - Item: Application Bypass Reason: Not Applicable Comments:	Approved-Closed	08/09/2010

	Item Status:	Status Date:
Satisfied - Item: PPACA Uniform Compliance Summary Comments: Attachment: PPACA Uniform Compliance Summary (AR).pdf	Approved-Closed	08/09/2010

FLESCH SCORE CERTIFICATION

FORM NUMBER FLESCH SCORE

AC4800A, et al

54.3

THIS FLESCH READING EASE SCORE WAS BASED ON THE ENTIRE TEXT OF THE FORMS.

I CERTIFY THAT THE FORMS SHOWN ABOVE ACHIEVED THE SCORES INDICATED.



Michael C Fitzgerald
Vice President & General Counsel
American Republic Insurance Company

PPACA Uniform Compliance Summary

Please select the appropriate check box below to indicate which product is amended by this filing.

INDIVIDUAL HEALTH BENEFIT PLANS (Complete [SECTION A](#) only)

SMALL / LARGE GROUP HEALTH BENEFIT PLANS (Complete [SECTION B](#) only)

This form filing compliance summary is to be submitted with your [endorsement][contract] to comply with the immediate market reform requirements of the Patient Protection and Affordable Care Act (PPACA). These PPACA requirements apply only to policies for health insurance coverage referred to as “major medical” in the statute, which is comprehensive health coverage that includes PPO and HMO coverage. This form includes the requirements for grandfathered (coverage in effect prior to March 23, 2010) and non-grandfathered plans, and relevant statutes. Refer to the relevant statute to ensure compliance. Complete each item to confirm that diligent consideration has been given to each. *(If submitting your filings electronically, bookmark the provision(s) in the form(s) that satisfy the requirement and identify the page/paragraph on this form.)*

***For all filings, include the Type of Insurance (TOI) in the first column.**

Check box if this is a paper filing.

COMPANY INFORMATION

Company Name	NAIC Number	SERFF Tracking Number(s) *if applicable	Form Number(s) of Policy being endorsed	Rate Impact
				<input type="checkbox"/> Yes <input type="checkbox"/> No

PPACA Uniform Compliance Summary

SECTION A – Individual Health Benefit Plans

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	Eliminate Pre-existing Condition Exclusions for Enrollees Under Age 19	<i>[Sections 2704 and 1255 of the PHSA/Section 1201 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Eliminate Annual Dollar Limits on Essential Benefits Except allows for “restricted” annual dollar limits for essential benefits for plan years prior to January 1, 2014.	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Eliminate Lifetime Dollar Limits on Essential Benefits	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Prohibit Rescissions – Except for fraud or intentional misrepresentation of material fact.	<i>[Section 2712 of the PHSA/Section 1001 of PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			

PPACA Uniform Compliance Summary

SECTION A – Individual Health Benefit Plans

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	<p>Preventive Services – Requires coverage and prohibits the imposition of cost-sharing for specified preventative services.</p> <p>Explanation:</p> <p>Page Number:</p>	<i>[Section 2713 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	<p>Extends Dependent Coverage for Children Until age 26 – If a policy offers dependent coverage, it must include dependent coverage until age 26.</p> <p>Explanation:</p> <p>Page Number:</p>	<i>[Section 2714 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	<p>Appeals Process – Requires establishment of an internal claims appeal process and external review process.</p> <p>Explanation:</p> <p>Page Number:</p>	<i>[Section 2719 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	<p>Emergency Services – Requires plans that cover emergency services to provide such coverage without the need for prior authorization, regardless of the participating status of the provider, and at the in-network cost-sharing level.</p> <p>Explanation:</p> <p>Page Number:</p>	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.

PPACA Uniform Compliance Summary

SECTION A – Individual Health Benefit Plans

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	<p>Access to Pediatricians – Mandates that if designation of a PCP for a child is required, the person be permitted to designate a physician who specialized in pediatrics as the child’s PCP if the provider is in-network.</p> <p>Explanation:</p> <p>Page Number:</p>	<p><i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i></p>	N/A	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, please explain.</p>
	<p>Access to OB/GYNs – Prohibits authorization or referral requirements for obstetrical or gynecological care provided by in-network providers who specialize in obstetrics or gynecology.</p> <p>Explanation:</p> <p>Page Number:</p>	<p><i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i></p>	N/A	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, please explain.</p>

PPACA Uniform Compliance Summary

SECTION B – Group Health Benefit Plans (Small and Large)

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	Eliminate Pre-existing Condition Exclusions for Enrollees Under Age 19	<i>[Sections 2704 of the PHSA/Section 1201 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Eliminate Annual Dollar Limits on Essential Benefits – Except allows for “restricted” annual dollar limits for essential benefits for plan years prior to January 1, 2014.	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Eliminate Lifetime Dollar Limits on Essential Benefits	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Prohibit Rescissions – Except for fraud or intentional misrepresentation of material fact.	<i>[Section 2712 of the PHSA/Section 1001 of PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			

PPACA Uniform Compliance Summary

SECTION B – Group Health Benefit Plans (Small and Large)

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	Preventive Services – Requires coverage and prohibits the imposition of cost-sharing for specified preventative services Explanation: Page Number:	<i>[Section 2713 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Extends Dependent Coverage for Children Until age 26 – If a policy offers dependent coverage, it must include dependent coverage until age 26. ◇ Explanation: Page Number:	<i>[Section 2714 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes [◇] <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Appeals Process – Requires establishment of an internal claims appeal process and external review process. Explanation: Page Number:	<i>[Section 2719 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.

◇ For plan years beginning before January 1, 2014, grandfathered group plans are not required to extend coverage to a child until the age of 26 if such child is eligible to enroll in another employee-sponsored plan

PPACA Uniform Compliance Summary

SECTION B – Group Health Benefit Plans (Small and Large)

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	<p>Emergency Services – Requires plans that cover emergency services to provide such coverage without the need for prior authorization, regardless of the participating status of the provider, and at the in-network cost-sharing level.</p> <p>Explanation:</p> <p>Page Number:</p>	<p><i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i></p>	N/A	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, please explain.</p>
	<p>Access to Pediatricians – Mandates that if designation of a PCP for a child is required, the person be permitted to designate a physician who specialized in pediatrics as the child’s PCP if the provider is in-network.</p> <p>Explanation:</p> <p>Page Number:</p>	<p><i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i></p>	N/A	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, please explain.</p>
	<p>Access to OB/GYNs – Prohibits authorization or referral requirements for obstetrical or gynecological care provided by in-network providers who specialize in obstetrics or gynecology.</p> <p>Explanation:</p> <p>Page Number:</p>	<p><i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i></p>	N/A	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, please explain.</p>